

FRANKLIN TOWNSHIP SCHOOL
MTSS COMMITTEE

Parent Questionnaire

Dear Parent:

The MTSS Team seeks to assist teachers and parents develop strategies and/or interventions to accommodate the individual needs of students. Please complete this form and return it to the MTSS Coordinator, Austin van-Spanje before the scheduled MTSS meeting. You can print the form, or make a copy and fill it out digitally, then email it to avanspanje@ftschoool.org.

Student's Name:_____ Date:_____

Parent's Name:_____

1. Reasons for requesting assistance?

2. Specific and descriptive observed behaviors?

3. What does your child do that causes you the most concern?

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4. What has been the most successful way to deal with your child's behavior?
5. How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?
6. Has your child been seen by a doctor or health professional for any physical or emotional problem that might interfere with your child's success in school?
7. What other information about your child or your family situation would be helpful for the school to know?

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8. What do you see as your child's strengths?

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Please use the following rating scale to answer the questions below: Always (4) Most of the time (3) Hardly ever (2) Never (1)

1. _____ Finished what she/he begins
2. _____ Does the things I ask her/him to do
3. _____ Is happy
4. _____ Gets along with her/his friends
5. _____ Takes good care of her/his things
6. _____ Helps at home
7. _____ Makes me proud
8. _____ Obeys
9. _____ Shares
10. _____ Cries easily
11. _____ Talks back
12. _____ Hits
13. _____ Lies
14. _____ Is afraid
15. _____ Must be reminded to do things
16. _____ Gets emotionally hurt often
17. _____ Feels sick often
18. _____ Fights
19. _____ Ruins things
20. _____ Teases others frequently
21. _____ Threatens others
22. _____ Has trouble remembering things
23. _____ Accepts criticism
24. _____ I trust my child
25. _____ I know what to expect from my child