



SLOCAHS *Parent Report*

As part of the high school application process, we ask that each parent fill out the below form. Our goal is to get to know your student a bit better and to ensure that they are ready to join us.

Parent Name: _____ Student Name: _____

1.	Describe your child's attitude towards academics?
2.	What are your child's academic strengths?
3.	What are your child's favorite subjects?
4.	What are your child's academic weaknesses/struggles?
5.	What are your child's least favorite subjects?
6.	What is your child's attitude towards being challenged?
7.	How does your child handle failure?
8.	How does your child approach problem solving?
9.	If your child doesn't understand an assignment, what do they do?

10.	Describe your child's organizational style/habits.
11.	Describe your child's social habits.
12.	How do you see your role in supporting your high school student?
13.	If your child has a tutor, please explain for what:

Please check all that apply to your student:

<input type="checkbox"/>	Loves to learn	<input type="checkbox"/>	Struggles with love of learning	<input type="checkbox"/>	Can struggle with anxiety
<input type="checkbox"/>	Gets overwhelmed socially	<input type="checkbox"/>	Seeks help when needed from teachers	<input type="checkbox"/>	Seeks help when needed from peers.
<input type="checkbox"/>	Gets overwhelmed academically	<input type="checkbox"/>	Talkative in class	<input type="checkbox"/>	Talkative just with friends / family
<input type="checkbox"/>	Leader	<input type="checkbox"/>	Follower	<input type="checkbox"/>	Perfectionist
<input type="checkbox"/>	Needs structure	<input type="checkbox"/>	Independent worker	<input type="checkbox"/>	Works better with parent/help nearby
<input type="checkbox"/>	Easily Follows Instruction	<input type="checkbox"/>	Well organized	<input type="checkbox"/>	Needs help with organization
<input type="checkbox"/>	Reads for fun	<input type="checkbox"/>	Hesitant to reach out for help	<input type="checkbox"/>	Nervous to talk to teachers
<input type="checkbox"/>	Plays video games. How many hours per day?	<input type="checkbox"/>	What type of video games?	<input type="checkbox"/>	Exercises How often _____ What type?

Describe your child's sleep habits:

Is there anything else you would like us to be aware of regarding your child?