

Advocacy Questionnaire

Please fill out this form for each child

1. Who has educational rights for your child?

You and your spouse_____

You only_____

A family member_____

Your adult child_____

Other_____

2. Are there any major problems at school (such as poor grades, participation)?_____

3. Do these problems affect the family?_____

4. What are his/her friends like?_____

5. How are his/her grades? How about homework?_____

6. How does he/she get along with his/her classmates?_____

7. What is your child's educational history?_____

8. How have you been handling problems?_____

9. What seems to work best in managing the problems?_____

10. How much time do you estimate you spend working on the problems?_____

11. Do you and your significant other agree on how to handle issues?_____

12. Have you augmented or supplemented your child's education privately? _____
13. Have you worked with an attorney or advocate before? _____
14. What was the nature and scope of that relationship? _____
15. What is your work situation like? _____
16. How long do you work? _____
17. What do you get to do in your free time? _____
18. Do you get support from your partner at home? _____
19. Are you involved in any legal proceedings or court issues involving your child? Other members of your family? Any social services? _____
20. Has your child been in any other form of treatment for behavior (describe any form of therapy, medication, hospitalization, counseling, special education services, and other)? _____
21. Is there anything else you think will be helpful for me to know? _____

