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PARENT QUESTIONNAIRE

Student Name: _____ **Grade entering 2024/2025** _____

Student T-Shirt Size: **YS** **YM** **YL** **YXL** **AS** **AM** **AL** **AXL**

As a parent of an incoming 1st-8th grader, how would you evaluate your child's readiness for the next grade?

- More than ready
 Somewhat ready
 Not ready at this time
 Not sure.

As a parent, what concerns do you have for your student's schooling? (Check all that apply)

- Anxiety
 Social Struggles
 Emotional Struggles
 Learning Difficulties
 Discipline issues
 Desire Christian Values/Teaching
 Other _____
 None

Check all that apply:

- Corrective Lenses
 Hearing Loss
 Autism Spectrum Disorder
 ADD/ADHD
 Speech/Language Delay
 Motor Skills Delay
 Central Auditory Processing Disorder
 Other (please specify) _____

Please rate the student on the following:

	Excellent	Good	Average	Fair
Cooperation				
Consideration of Others				
Creativity				
Study Habits				
Organizational Skills				
Motivation				
Attitude Toward School				
Intellectual Potential				
Sense of Humor				

Please respond to the following questions about your student.

1. Please describe any extracurricular activities /classes /groups the student participates in currently.

2. Please describe any extracurricular school sponsored activities, classes, or groups the student would be interested in participating this upcoming school year.

- 5th – 8th Flag Football 5th – 8th Volleyball 5th – 8th Basketball 5th – 8th Track
- Band Choir Handbells Guitar Keyboard (piano) Drama Percussion
- Science Club Robotics Club Art (mixed media) Art (ceramics) Coding
- Tutoring Chess Club Other _____

3. Does the student have any allergy, physical disability, illness or unusual condition we should be aware of? If yes, please provide specifics.

4. List any talents or strengths the student has exhibited in or out of school.

5. What qualities do you appreciate most in the student? _____

6. Describe the student's main interests outside of school: _____

9. What languages are spoken at home? If more than one, please indicate the student's primary language.

10. What is the single most important legacy that you, as a parent, would like to see your child manifest in his/her life? Please explain.

11. Is there any other information concerning the student (change in family dynamics, signs of depression, anxiety, social or emotional struggles, gaps in learning, changes in behavior, etc.) you would like to share?

Parent/Guardian Signature _____ Date _____