

Kutztown University

MY PLACE Parent/Guardian Questionnaire

Please complete this form as thoroughly and honestly as possible so that My Place staff can get to know you, and can begin to understand the scope of accommodations and supports that may be required for you to be successful in the college environment.

PLEASE PRINT or TYPE

Student's Name _____ KU ID # _____

Family Information

Please provide information for parents/guardians and siblings.

Name of family member	Relationship to student	Does this family member reside in the same household with the student? (check best response)		
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all

Disability-Related Information

- What is your student's diagnosed disability(ies)? _____
At what age was your student diagnosed? _____
- Is your student currently working with a therapist (behavior, speech, etc) and/or with mental health provider? No Yes
If yes, in what type of therapy is your student currently involved? _____
What arrangements have you made to continue your student's therapy while attending KU? _____

- Does your student take daily medication? No Yes
If yes, is the student able to take it without reminders from you or other adults?

Academic Information

- In your opinion, what high school accommodations, if any were most helpful to your student?

- Based on your observation and experience:
Does your student independently (without reminders or assistance) maintain an assignment book/list or calendar of due dates?
Most of the time Occasionally Rarely Never

- Does your student independently (without reminders or assistance) complete out-of-school assignments or projects?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) prepare for exams?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) complete writing assignments (essays/term papers)?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) communicate with teachers and other school support personnel about problems or concerns?
Most of the time Occasionally Rarely Never

Daily Living Information

- Does your student independently (without reminders or assistance) maintain good sleep hygiene (sleep/wake schedule)?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) attend to personal hygiene tasks (showering, combing hair, brushing teeth)?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) do their laundry?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) clean their bedroom?
Most of the time Occasionally Rarely Never
- Does your student independently (without reminders or assistance) implement self-calming/destress strategies, when needed?
Most of the time Occasionally Rarely Never
- What do you hope that your student will get from participating in this program?

Date: _____

Name of Individual Completing this Form (print): _____

Cell Phone Number of Individual Completing this Form: _____

Parent Email Address (for ongoing correspondence, if necessary) _____