



**Personalized Learning Solutions, LLC  
Special Education Advocacy & Consulting**

**Parent Questionnaire**

**3112 Kennedy Drive  
McKinney, Texas 75071  
214-799-6322 or 817-688-8612  
personalizedlearningsolutions@gmail.com**

Thank you for taking the time to fill out this pertinent information concerning your child. Your answers will only be used to help me get to know your child as a reader. *Please return prior to initial consultation meeting. Questionnaire can be emailed if needed.*

1. \_\_\_\_\_  
Child's Name: First name, Last name, Middle Initial, "Nickname"

2. \_\_\_\_\_  
Street Address City, State, Zip Code

3. \_\_\_\_\_ / \_\_\_\_\_  
Mother's Name/Father's Name

4. \_\_\_\_\_  
Step-parent's or Guardian's Name (if living with child)

5. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Phone/Mother's Work Phone/Father's Work Phone/Cell Phone

6. \_\_\_\_\_ / \_\_\_\_\_  
Child's Date of Birth Child's/Chronological Age, Years plus Months

7. Please describe your child's present educational program and any special education accommodations and/or modifications to a regular education program. If more space is needed, please continue on the back of this page.

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8. List your child's educational strength(s). If more space is needed, please continue on the back of this page.

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9. List your child's educational weakness(es). If more space is needed, please continue on the back of this page.

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10. Please describe the nature of your child's disability. *e.g. diagnosis, what has/has not been done about it, what, in your opinion, still needs to be done in order for your child to receive an appropriate education.* If more space is needed, please continue on the back of this page.

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11. If your child has ever been on medication that is related to the disability, such as Ritalin, Cylert, Imipramine, Dexedrine, Tegretol, etc. Please list below the medications and the time frame when your child received such medications. Start with current or the most recent medications. If more space is needed, please continue on the back of this page.

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12. Please list all schools attended, grade, and year in attendance of each school ever attended all the way back in time to your child's first educational experience. If more space is needed, please continue on the back of this page.

a) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Present School/District/Grade/School Year

b) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

c) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

d) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

13. Please list the names of the individuals in the public school system who have done the most recent evaluations:

\_\_\_\_\_ / \_\_\_\_\_ / School Psychologist  
Name/Date/Job Title

\_\_\_\_\_ / \_\_\_\_\_ / Educational Diagnostician  
Name/Date/Job Title

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name/Date/Job Title

14. Please provide the name of the teacher(s) at your child's present school who is most familiar with your child's progress or lack of progress.

\_\_\_\_\_  
\_\_\_\_\_

15. Please list the names of all public (excluding public school staff) and private agencies and/or individuals with whom your child has had any contact. This list should include psychologists, psychiatrists, educational diagnosticians, counselors, tutors, counseling agencies, diagnostic facilities, etc. Please list the name of the individual/agency and approximate date of service, starting with the most recent individual. If presently active, write "Active" and, for "active" individuals, please include the person's telephone number.

a. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name/Date of Service/Telephone Number

b. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_





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**Special Education Advocacy & Consulting**

**Authorization to Release Information**

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**McKinney, TX 75071**  
**214-799-6322 or 817-688-8612**  
**personalizedlearningsolutions@gmail.com**

## **AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, as the parent/legal guardian of  
Parent/Legal Guardian Name – Please Print

\_\_\_\_\_, hereby authorize the release of all  
Child Name – Please Print

educational records from \_\_\_\_\_ to **Shemica S. Allen,**  
School District/Agency – Please Print

***Special Education Advocate/Educational Consultant of Personalized Learning Solutions, LLC.***

All educational records include but not limited to:

- Grades, progress reports, etc.
- Discipline records, including any notices sent home
- Evaluations and assessments, including standardized test scores and psychological assessments
- Special education records, including IEPs, BIPs, and minutes from special education meetings
- All counseling records
- All attendance records
- Pin and password for the parent/student internet information system, if any

This release allows **Shemica S. Allen** to speak with my child's teacher(s) and other school/agency personnel to help develop an educational plan for my child. It also permits **Shemica S. Allen** to represent me during phone and e-mail discussions with school district personnel and to participate in school-based meetings, ARD meetings, Resolution Sessions, and Due Process Hearings.

This release may be revoked by me in writing at any time. This release shall expire one year from the date of signing. A photocopy of this release shall have the same force and effect as the original.

\_\_\_\_\_  
Parent/Legal Guardian Signature & Date

\_\_\_\_\_  
Shemica S. Allen, Special Education Advocate/Educational Consultant of  
Personalized Learning Solutions, LLC & Date