



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

Parent Questionnaire

**7906 Cattlewood Pass
Rosharon, Texas 77583
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.*

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 add a separate sheet.

8. List your child's educational strength(s). If more space is needed, please add a separate sheet.

9. List your child's educational weakness(es). If more space is needed, please add a separate sheet.

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 add a separate sheet.

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 add a separate sheet.

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 add a separate sheet.

_____/_____/_____/_____
Present School/District/Grade/School Year

_____/_____/_____/_____
_____/_____/_____/_____
_____/_____/_____/_____

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

_____/_____/_____/_____/_____/_____
Name/Date/Job Title /School Psychologist

_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____

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.

_____/_____/_____/_____/_____/_____
Name/Date of Service/Telephone Number

Please add any additional information on a separate sheet if needed.

16. Do you have a ***complete copy*** of your child’s confidential and cumulative file from:

- a. The Public School? YES NO SOME, BUT NOT ALL
- b. Other individuals/agencies? YES NO SOME, BUT NOT ALL

17. Please describe the nature of the problem and how you would like for me to help you. Please follow that paragraph with a list of any questions you would like answered. If more space is needed, please add a separate sheet.



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Authorization to Release Information

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AUTHORIZATION TO RELEASE INFORMATION

I, _____, as the parent/legal guardian of
Parent/Legal Guardian Name

_____, hereby authorize the release of all
Child Name

educational records from _____ to

School District/Agency

***Shemica S. Allen, Non-Attorney Special Education Advocate/Educational Consultant at
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 program for my child. It also permits ***Shemica S. Allen*** to work on my behalf during phone and e-mail discussions with school district personnel and to participate in school-based meetings, IEP/ARD meetings, 504 meetings, Resolution Sessions, Meditations, and Due Process Hearings, etc.

This authorization/release may be revoked by Shemica S. Allen or Parent in writing at any time. This authorization/release shall remain effective until revoked by Shemica S. Allen or Parent. A photocopy of this authorization/release shall have the same force and effect as the original.

Parent/Legal Guardian Signature & Date

Shemica S. Allen, Non-Attorney Special Education Advocate/Educational Consultant at
Personalized Learning Solutions, LLC & Date