



This is a fillable form.

**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.

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

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

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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 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

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

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



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**Authorization to Release Information**

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Rosharon, Texas 77583  
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 Child Name

hereby authorize the release of all 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, Mediations, 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

**Helping Parents to Secure Appropriate Educational Services  
Student Success Is Our Focus**