

PARENT'S PERSPECTIVE for (Name of Student):

In our effort to appreciate the uniqueness of each child and help to ensure a smooth transition into our community we invite you to comment on your child's strengths, interests, and special needs. Your candid comments and understanding of your child are most helpful and important to us. Please feel free to use a separate piece of paper if you need more space.

1. What do you consider to be your child's special strengths?

2. What do you think are your child's most important needs?

3. In the next few years, what overall goals do you have for your child's learning and growth?

4. What aspects of Walden's program do you feel will be beneficial to your child?

5. Please describe your child's previous school or daycare experience, academically and socially.

6. What are your child's favorite free-time activities?

7. How many hours of TV does your child watch per week and which programs?

8. What are your strengths and needs as a parent?

9. What are some things you enjoy doing with your child? How much time do you spend doing them together?

10. What is your approach to discipline at home?

11. Explain a recent situation that gave you the opportunity to teach your child about a racial, economic, or physical difference.

What was your biggest challenge?

12. Describe the ideal teacher.

13. What involvement have you had at your child's current school?

14. In what ways would you hope to participate at Walden School?

15. What chores does your child do at home on a regular basis?

16. Is your child able to meet the essential performance requirements of Walden's program either with or without reasonable accomodation?

yes no If no, please explain (optional): _____

17. (Optional) If you have engaged the services of other professionals to assess and/or work with your child, please supply copies of these assessments and any other pertinent reports or evaluations along with this application for admission. Please indicate if your child has had any of the following:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> speech therapy | <input type="checkbox"/> tutoring | <input type="checkbox"/> psychological evaluation |
| <input type="checkbox"/> perceptual or neurological exam | <input type="checkbox"/> hearing exam | <input type="checkbox"/> visual exam |

Do you authorize the release of these results and/or testing scores to Walden School? yes no

If yes, please provide contact information: _____

Signature of Parent or Guardian: _____ Date: _____