



Agia Sophia Academy Parent Questionnaire

Student's Name

Applicant for Grade

Date

Please feel free to attach additional pages as necessary.

1. In what ways do you see Agia Sophia Academy as a good match for you and your child?
2. What are his or her social, behavioral and/or cognitive strengths and challenges?
3. What are your child's interests and favorite activities?
4. Does your child watch television? If so, how many hours does your child watch each week? What shows or videos does your child usually watch?
5. Does your child have any special needs that we should be aware of? (Temperament, anxieties, motor difficulties, developmental delays, physical restrictions, etc.) If so, have you and your child been working with professionals/therapists?
6. What methods of discipline do you use? Under what circumstances does your child require discipline at home:
7. How often does your child have the opportunity for outdoor play:
8. Does your child have any allergies or chronic conditions that require medical treatment? If yes, please explain:
9. What languages does your child regularly speak at home?
10. To what other schools is your child applying?