

## Parent Survey

(This referral form must be completed prior to placement consideration.)

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Previous School \_\_\_\_\_ Grade \_\_\_\_\_

Please answer the questions below to help us in determining the best approach to educational success for your child. This is an important part of the SAIL program and all information is for the use of SAIL staff only. Under no circumstances will this information be placed in your child's cumulative record.

ESE Placement No \_\_\_ Yes \_\_\_ Exceptionality (SLD, EH, Gifted, etc.) \_\_\_\_\_ Hrs/week \_\_\_\_\_

504 Plan No \_\_\_ Yes \_\_\_ Describe \_\_\_\_\_

Other Special Program (ESOL, Alternative Education, Drop-out Prevention)

\_\_\_\_\_

How well did your child function in his/her previous school? \_\_\_\_\_

Did your child have any disciplinary problems at his/her previous school? If yes, explain.

Suspensions: \_\_\_\_\_

Disciplinary Problems: \_\_\_\_\_

### CURRENT LIFE CIRCUMSTANCES

Are there any recent events/stressors that may affect your child's functioning at home, school or in the community?

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

Has your child ever been to a counselor? yes \_\_\_ no \_\_\_ When? \_\_\_\_\_

Name (if applicable) \_\_\_\_\_

Why have you chosen SAIL as an educational alternative for your child? \_\_\_\_\_

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

In which ways do you hope SAIL will benefit your child? \_\_\_\_\_

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

How did you find out about SAIL?

Friends \_\_\_ Guidance Counselor \_\_\_ SAIL Student \_\_\_

Middle School Outreach \_\_\_ Other \_\_\_\_\_

**Additional supporting information:** Please check any that apply to your child:

- Has had excessive absences (10 or more absences in a semester)
- Has not met State or District proficiency levels in reading, writing or math (AIP required)
- Has been retained one or more times
- Has had failing grades
- Has a grade point average (GPA) below 2.0
- Has scored below the 30th percentile or 2 grades below grade level on standardized achievement tests
- Has been suspended out-of-school
- Has had history of disruptive classroom behavior
- Is in jeopardy of dropping out of school if required to attend school in the traditional setting as documented by school personnel
- Is pregnant and/or a teen parent
- Has other documented needs identified by school personnel or an outside agency (e.g., emotional or family problems, low self-esteem, expressed intent to drop out, negative attitude toward school, etc.) (Attach documentation)

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| <p><b>Information required by Florida Statute 232.0205 at the time of registration:</b> Has your child had any previous expulsions, arrests resulting in a charge, or juvenile justice actions? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so, briefly describe _____.</p> <p>_____.</p> <p>Is he/she currently under court supervision? <input type="checkbox"/> If yes, name of counselor _____.</p> |
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**Is there anything that you would like to share that will help us better serve your child?**

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_