

This form can be faxed to (717) 560-9931

PARENT INPUT QUESTIONNAIRE

CHILD'S NAME: _____ GRADE: _____

DATE OF BIRTH: _____ AGE: _____

PARENT COMPLETING THIS FORM: MOTHER FATHER

Describe your child's behavior on a typical "good day."

Describe your child's behavior on a typical "bad day."

Any additional information about your child, which you feel would be helpful.
