**Lewis and Clark School P12X**

**2555 Tratman Avenue**

**Bronx, New York 10461**

 **The New York City Phone 718-409-9040**

 **Department of Education**  **Fax 718-931-8121** **Email:**75X012@schools.nyc.gov

 **Website:** **TheLewis****andClarkSchool.org**

#### Dr. Kuvana Jones, Principal Cesar Nina, Assistant Principal

 *Simone Sanchez, Assistant Principal*

**Parent Questionnaire**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Can your child…*

Use the bathroom independently? **Yes / No**

Dress independently? **Yes / No**

Participate in all physical activites? **Yes / No** *If no, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Speak in sentences? **Yes / No**

Follow simple directions? **Yes / No**

Respond to his/her name? **Yes / No**

How does your child communicate his/her wants or needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Does your child….*

Receive any of the following services (please circle):

OT PT Speech Vision Hearing Counseling

1:1 Health Paraprofessional 1:1 Crisis Paraprofessional Transportation Paraprofessional

Have any food allergies? **Yes / No** *If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Have any medical alerts we need to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special Notes (Runner, sensory needs, aggressive behaviors, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If your child is upset, what are some ways they clam down? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 *Simone Sanchez, Assistant Principal*

**Cuestionario para Padres**

Nombre del estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Puede su hijo/a…

¿Usar el baño de forma independiente? **Si / No**

¿Vestir de forma independiente? **Si / No**

¿Participar en todas las actividades físicas? **Sí / No** Si no, por favor especifique: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Hablar en oraciones? **Si / No**

¿Seguir instrucciones simples? **Si / no**

¿Responder a su / su nombre? **Si / No**

¿Cómo se comunica su hijo él / ella quiere o necesita? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recibir cualquiera de los siguientes servicios (por favor):

 OT PT lenguaje La visión Audición Consejería

1: 1 Salud Para profesional 1: 1 Crisis Para profesional Transporte Para profesional

¿Tienen alguna alergia alimentaria? **Sí / No** En caso afirmativo, indique: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Tener ninguna alerta médica que necesitamos para tener en cuenta? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Notas especiales (Es corredor, necesidades sensoriales, comportamientos agresivos, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si su hijo está molesto, ¿cuáles son algunas formas en que CLAM abajo? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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