

PARENTS' QUESTIONNAIRE

Student's Name: _____

Name of parent completing this form: _____

Date of completion: _____

Did both parents participate in the completion of this report? Yes No

Father's daytime phone: _____ e-mail: _____

Mother's daytime phone: _____ e-mail: _____

1. Will you support your child's choice of college . . .

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| located in Virginia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| located outside of Virginia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| which is single sex only | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| with strong religious affiliations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. Do you see your child in . . .

- | | |
|---|---|
| <input type="checkbox"/> a homogeneous student body | |
| <input type="checkbox"/> a heterogeneous student body | |
| <input type="checkbox"/> a small community (3,000 and under) | |
| <input type="checkbox"/> a medium community (3,000 to 10,000) | |
| <input type="checkbox"/> a large community (10,000 to 20,000) | |
| <input type="checkbox"/> a large community (over 20,000) | |
| <input type="checkbox"/> New England | <input type="checkbox"/> Middle Atlantic |
| <input type="checkbox"/> Southwest | <input type="checkbox"/> South |
| <input type="checkbox"/> Midwest | <input type="checkbox"/> West |
| <input type="checkbox"/> Virginia | <input type="checkbox"/> No preference |
| <input type="checkbox"/> an urban setting | <input type="checkbox"/> a suburban setting |
| <input type="checkbox"/> a rural setting | <input type="checkbox"/> no preference |
| <input type="checkbox"/> a pre-professional program: | |
| <input type="checkbox"/> architecture | <input type="checkbox"/> business |
| <input type="checkbox"/> art | <input type="checkbox"/> medicine |
| <input type="checkbox"/> engineering | <input type="checkbox"/> law |
| <input type="checkbox"/> a liberal arts program | Other: (what?) _____ |

3. What do you think your child will major in? _____

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4. What career do you think your child might eventually pursue? _____

5. At present, what do you see as your child's particular strengths? Elaborate.

a. Academic _____

b. Personal _____

6. What do you see as weaknesses that could be worked on? _____

7. What are your child's major extracurricular activities?

a. In-school: _____

b. Outside of school: _____

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8. What are your child's special personal interests and/or hobbies? _____

9. How has your child spent the summers since the ninth grade?

9th grade _____

10th grade _____

11th grade _____

10. What jobs has your child held? _____

11. What words or phrases first come to mind to describe your child? _____

12. Please describe the nature of your child's relationship with his/her father. _____

13. Please describe the nature of your child's relationship with his/her mother. _____

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14. Colleges you would consider for your child:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Colleges you would **not** consider for your child:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

15a. Will your child be applying for financial aid? Yes No

15b. What are the limitations to the expenditures you will be willing to make for your child's college education?

16. Who are your child's closest friends? For what reasons? _____

17. Which teachers since ninth grade has your child been closest to? For what reasons?

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18. If **you** were your child's teacher, how would you objectively rate him/her? Please check the appropriate columns on the following graph:

	No Basis for Judgment	Below Average	Average	Good	Excellent	Truly Outstanding
Academic Motivation						
Academic Creativity						
Academic Self-Discipline						
Academic Growth Potential						
Written Expression						
Speech						
Energy & Initiative						
Independence						
Leadership						
Self-confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Social Tolerance						
Emotional Maturity						
Reaction to Criticism						
Reaction to Setbacks						
Respect for Classmates						
Respect for Faculty						

19. We encourage you to tell us your personal insights about your child. Please write two or three paragraphs (complete on the back if necessary) about your child. Let us know things we couldn't possibly otherwise know simply by contact with him or her in school. **Feel free to brag.**
