



HARBOR HAVEN EDUCATIONAL QUESTIONNAIRE

To the parents: Please complete the lines below. Then give the form to your child's teacher(s). They can either give it back to you or mail, fax or email it directly to us. If your child is home schooled, the parent may complete.

I herein give permission for you to provide this information for my child _____
who will be attending Harbor Haven this summer.

Teacher _____

School _____

Parent Signature: _____ Date _____

To the Teacher: The above student will be attending our program this summer. One component of our program is a daily academic reinforcement period in math, reading and language arts.

We would appreciate the following data so that together we may facilitate the maximum retention for the student. Using the student's IEP information, and your knowledge of him or her, please complete and return this form, in the attached envelope. (Parent has been requested to provide a copy of the IEP goals and objectives.)

Please complete and return by May 15th. (You may scan, fax or mail)

Name of Student _____

Name of School _____

Name of Teacher _____

Please describe the classroom setting (ie pullout, self contained, inclusion, general ed. etc.)

Student's instructional grade level:

Math _____

Reading _____

Language Arts _____

Please answer the questions below. Your input will help us to best serve the student's needs.

1. How long can the student work independently? _____
2. Does the student follow classroom and school rules? _____
3. How does the student socialize with peers? _____
4. Does the student ask for help when needed? _____
5. Can the student work in a group? _____
6. What is the approximate time the student can stay on task? _____
7. In what ratio does the student work best? _____

1. Please name any behavioral or management problems you have observed in your classroom.

2. Please describe any successful management techniques such as reward charts, contracts or time-out that you have used with the student. (please attach a copy of any charts which are relevant.)

3. Does this student display any oppositional concerns? Yes _____ No _____
If yes, please explain. (Please specify if the student has any physically aggressive behaviors, especially biting self or others.)

4. Is this student impulsive? Yes _____ No _____ If yes, please explain

5. Please describe the social relationships the student exhibits with his/her classmates.

6. What are the student's learning strengths and weaknesses?

7. Please name four very specific and precise goals for retention or reinforcement that align with the students IEP goals in each of the following areas: Here's an example: "Addition of two digit numbers with no regrouping." We use these goals throughout the summer.

1. Math

1. Goal: _____

2. Goal: _____

3. Goal: _____

4. Goal: _____

2. Reading

1. Goal: _____

2. Goal: _____

3. Goal: _____

4. Goal: _____

3. Language Arts/Writing Skills (including penmanship)

1. Goal: _____

2. Goal: _____

3. Goal: _____

4. Goal: _____

Please feel free to send a summer work packet home with the student. We can facilitate its completion.

8. What computer programs has this student used in school?

9. Additional Comments:

Thank you for your help and information!
Please return form to:

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