FAMILY NETWORK - AFTER SCHOOL ACTIVITY PROGRAM (ASAP) 330 Laurel Ave. Highland Park, IL 60035 (847) 433-0377

2017-2018 CONFIDENTIAL PARENT OBSERVATION SURVEY

The best place to gather information about children is from their parents. The observations you make are valuable to us as providers of after school care. Please take a few moments to answer the questions below so that the ASAP staff can best meet the needs of your child.

<u>Please note:</u> If your child has special needs and/or an IEP please arrange a conference with the ASAP Director prior to your child's first day at ASAP.

Child's Name	Nickname
Grade	Birth date
School (circle one): Indian Trail Lincoln	Oak Terrace Ravinia Wayne Thomas Sherwood Red Oak
1. Please list all of the adults and	children living in your child's household:
First and Last Name	Relationship
2 2	rstand a language other than English? Yes No
3. What are your child's major st	trengths?
4. What does your child like to do see us offer at ASAP?	o with his/her free time? What would both of you like to
5. How does your child get along v	with other children? How does he/she handle conflict?
6. How important is it for your cl What is your child's attitude with	hild to do his/her homework while attending ASAP? a respect to homework?

7. Describe any	fears your child may have.	
8. Please descrimoving).	ibe recent family events or changes	(i.e. death, divorce, new sibling,
9. How do you anything else w	feel the ASAP staff can best help yo e should know.	our child this year? Please tell us
	rm us if your child has any special nechallenges addressed outside of ASA	needs. An IEP? Behavior challenges?
Site Coordinate	, , ,	ermission for the ASAP Director or the Please contact your child's teacher to th ASAP.
-	Bobbie Hinden, ASAP Director	Date
ricase return to.	Family Network 330 Laurel Ave. Ph: 847-433-0377 Fax: 847-433-	