**Akiva School’s Family Questionnaire**

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| Child’s Name:  | Current School or Pre-School: |
| Applying for Academic Year:  | Home Address: |
| DOB:  | Home City, State, Zip: |
| Your Name:  | Phone Number: |
| Spouses/Partner’s Name:  | Email: |
| Others who live in your home: |

1. What excites you about an Akiva education?

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2. What are your child’s favorite activities?

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3. Please describe any involvement your child has had in any extracurricular activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Share something about your home life or your child that will give us a deeper understanding of who s/he is?

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5. Please check all that apply.

My child:

o Receives and/or recommended for Speech Therapy

o Receives and/or recommended for Occupational Therapy

o Receives and/or recommended for Social/Emotional support

o Receives and/or recommended for other testing (educational, psychological evaluation, etc.)

o Receives and/or recommended tutoring (please specify)

o Participated in a gifted program

o Is bilingual

o Skipped a grade

6. Please check all that apply.

My child can:

o Use the restroom independently

o Open and close small containers independently (i.e. lunch containers)

o Dress him/her self independently

o Asks for help when needed

o Separates well from parents

7. How did you hear about Akiva School?

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8. Is there anything we should know about your child as an individual or a learner?

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9. Are there any areas of concern you have regarding your child’s education or social and emotional development? This will help us think creatively about ways we can better support your child.

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10. As a parent, how would you like to engage and/or participate in the Akiva community? Is there anything more you would like us to know about to better welcome you as a family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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