

Parental Questionnaire

Parent's/Guardian's Full Name _____	Account No. _____
Address _____	
E-Mail Address _____	Phone _____

1. PERSONAL INFORMATION:	YOU	YOUR SPOUSE (if applicable)
Name/Relationship to child	_____	_____
Educational background	_____	_____
Occupation	_____	_____
Religious affiliation	_____	_____

2. What home-schooling resources have you read this year for your own parent/teacher growth?

3. Do you have a computer? Yes No If so, which type? _____
CD-ROM? Yes No Access to the Internet? Yes No

4. Please check the educational methods you prefer:

- | | | | |
|--------------------------------------|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> liberal arts | <input type="checkbox"/> hands-on | <input type="checkbox"/> classical |
| <input type="checkbox"/> traditional | <input type="checkbox"/> unit studies | <input type="checkbox"/> workbooks | <input type="checkbox"/> _____ |

5. Do we have your permission to share your ideas, projects, or schedules with other homeschoolers?
 Yes No

6. If you are a first-time enrollee, what influenced your decision to enroll with Hewitt? Curr. Fair

- Internet friend's recommendation ad/flyer books other _____

7. How many years have you homeschooled? _____

8. If this is not your first year, how did you feel about this past year of homeschooling and your ability to homeschool in general? _____

9. Who will be the principal teacher? _____ For all subjects? _____

(PLEASE COMPLETE REVERSE SIDE)

Hewitt Homeschooling Resources
 P. O. Box 9 · Washougal, WA 98671-0009
 Phone: (360) 835-8708 · FAX: (360) 835-8697
 E-Mail: info@hewitthomeschooling.com

Signature _____
 Date _____

12. In general, how do your students relate to one another? _____ to peers? _____ to adults?
 13. List your plans and goals for this year of homeschooling and/or other helpful information such as your reasons for homeschooling (if there's not enough space for your answer, feel free to use another sheet of paper):

List all children in the family from oldest to youngest:

Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____
Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____
Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____
Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____
Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____
Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____
Name _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Age _____

11. Do you have other mandatory duties that make demands on your time? _____ Are your children with you at this time? _____
 If yes, how many hours per week? _____

10. Please check the following areas you consider to be your own strengths in the first column of boxes. Check spouse's (if applicable) strengths in the second column of boxes.

<input type="checkbox"/> Bible	<input type="checkbox"/> handwriting	<input type="checkbox"/> science
<input type="checkbox"/> speaking	<input type="checkbox"/> literature	<input type="checkbox"/> second lan-
<input type="checkbox"/> reading	<input type="checkbox"/> writing	<input type="checkbox"/> guage
<input type="checkbox"/> spelling	<input type="checkbox"/> math including algebra	<input type="checkbox"/> discipline
<input type="checkbox"/> grammar	<input type="checkbox"/> problem solving	<input type="checkbox"/> organization