



Parent/Guardian Perceptions
Please complete this form and mail it in with the application.

275 Pinnacle Road Rochester, NY 14623 Ph 585.334.8010 Fax 585.334.8073 www.normanhoward.org

Applicant's Name: _____

Please answer the following questions about the applicant as this will support the records we receive from the school. You may use this space or feel free to attach a separate piece of paper for your responses.

1. What do you see as your child's greatest strengths? _____

2. What area(s) challenge your child? _____

3. Have there been any traumatic events in your child's life? _____

4. List a few words that describe his/her major personality traits. _____

5. What types of activities (sports, clubs, hobbies etc) does your child participate in during free time? _____

6. Describe your child's relationships with peers. (Please list ages of peers and activities.) _____

7. What is your child's present attitude towards school? _____

8. How does your child handle frustration? Please provide an example. _____

9. How does your child manage homework? _____

10. What concerns you most about your child? _____

11. How do you see your child benefiting from The Norman Howard School education? _____
