

Rockaway Valley School
11 Valley Road
Boonton Township, NJ 07005

PARENT INVENTORY FORM

Child's Name _____ Age _____ Grade _____

Date of Birth _____ Birthplace _____

Parents' Names _____

Siblings:

Name	Age	Grade	Gender
------	-----	-------	--------

A. Describe your child (personality and attitude toward home, school, work, friends, etc.) and indicate any special interests, talents or skills your child has. Give examples of behavior that illustrate this.

B. Does your child have a nickname? _____

What do you wish your child to be called? _____

C. Please check the column, which best describes your child.

	Rarely	Sometimes	Frequently
1. Interested in letters, words, and/or reading			
2. Uses varied vocabulary			
3. Interested in clocks, calendars, and/or numbers			
4. Interested in jigsaw and other puzzles			
5. Takes a leadership role			
6. Has good physical coordination			
7. Figures out solutions to problems			
8. Is independent and self-sufficient			
9. Relates new information to known facts			
10. Interested in how things work			
11. Is creative and imaginative			
12. Plans and organizes activities well			
13. Has many ideas to share			
14. Tries to excel in most activities			
15. Concentrates for long periods of time			
16. Is bored by routine or repetitive tasks			
17. Finds and corrects mistakes			
18. Persists in efforts despite difficulties			
19. Has a good visual memory			
20. Has a good auditory memory			
21. Learns quickly and easily			
22. Relates well to playmates			
23. Relates well to adults			
24. Has positive attitude toward school			
25. Is curious about his/her environment			

D. Comments? Concerns? Special Considerations?
