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| School house and children | **Academic Success Survey** Dear parent or guardian:  My name is Sabrina Hyland and I am a Licensed Professional Counselor. Along with Counseling my current passion is Teaching and Educating parents and their children on how to navigate their way through the academic process to spark or enhance future success. Thus, I have created this survey for you to fill out and turn back in to the designated place. Once completed you will be invited to a **FREE** 1-1.5-hour seminar. I appreciate your participation!  Date : | Your name: | Your email address: |
|  | Child’s name: Child’s grade level: Child’s school: |

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| overall impressions 1-NOt At All 5- Very Involved | Circle the Number |
| I am involved in my child’s education process. | 1 2 3 4 5 N/A |
| I help my child study or facilitate my child’s studying. | 1 2 3 4 5 N/A |
| I help my child create a study schedule. | 1 2 3 4 5 N/A |
| How often do I check my child’s grades? | 1 2 3 4 5 N/A |
| Do I know or understand my child’s learning style? | 1 2 3 4 5 N/A |
| Do I know my child’s subject strengths and weaknesses? | 1 2 3 4 5 N/A |
| Do I encourage/ seek tutoring or the use of extra resources for my child? | 1 2 3 4 5 N/A |
| Do I attend parent/teacher conferences regularly? | 1 2 3 4 5 N/A |
| Have I discussed course planning with my child? | 1 2 3 4 5 N/A |
| Have we discussed or signed up for ACT/SAT testing or tutoring? | 1 2 3 4 5 N/A |
| Have I discussed career options with my child? | 1 2 3 4 5 N/A |
| Have I considered shadowing opportunities for my child? | 1 2 3 4 5 N/A |
| My child and I have discussed college visits? | 1 2 3 4 5 N/A |
| Do I know my child’s grade point average (GPA)? | 1 2 3 4 5 N/A |
| My child and I have discussed scholarship opportunities and how to pay for college. | 1 2 3 4 5 N/A |
| I understand the importance of non-academic activities for my child and college admission requirements. | 1 2 3 4 5 N/A |
| I understand the college application process (i.e. deadlines, essays, testing scores, etc.) | 1 2 3 4 5 N/A |
| I have discussed contingency plan(s) with my child (i.e. military, technical school, finding a job, job corps, peace corps, etc.) | 1 2 3 4 5 N/A |
| LIFE SKILLS TRAINING |  |
| My child and I communicate well together (i.e. good listener, give clear direction, etc.). | 1 2 3 4 5 N/A |
| I use effective communication skills with others. | 1 2 3 4 5 N/A |
| I use non-compliant behavior as a teaching life skill moment. | 1 2 3 4 5 N/A |
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| I engage in healthy self-care activities. | 1 2 3 4 5 N/A |
| I encourage my child to engage in healthy self-care activities. | 1 2 3 4 5 N/A |
| Please add any other comments you would like to receive information about that was not covered in the assessment.  Optional comments: |  |

Thank you for your time and participation.

Sabrina Hyland

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