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PARENT SURVEY

Survey Date: _____

Student's Name: _____

Name of parent or guardian filling out this Survey: _____

_____ *Please attach additional sheet if needed*

What benefits do you expect to gain from enrolling your child in an Islamic School?

What are your expectations?

What are some concerns you have about enrolling your child in an Islamic School?

What are some of the reasons you would like your child to attend a Full Time Islamic School?

If applying for preschool, are you interested in the grade school as well, or are you looking for a quality preschool only?

Which language(s) are spoken by the parents with the child? _____

Which language does the child speak while playing with his or her brothers and sisters? _____

Which language(s) are spoken at the dinner table? _____

Which language(s) are spoken in the car on the way to school or other activities? _____



What are some of your child's favorite play activities?

What are your child's strengths?

What are your child's challenges: behavioral, social and/or cognitive? Please elaborate.

Does the child have specific tasks or jobs to do at home? What are his or her regular responsibilities?

How often does your child currently go to the bathroom unassisted (check one)?

- Rarely
- Sometimes
- Often
- Usually
- Always

Is the child currently in any playgroups, classes, or care centers?

Where? _____

How many days per week? _____ How many hours per day? _____

How long has the child been attending? _____

Name of School: _____