



MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE

PARENT ASSESSMENT FORM

Student Name: _____	Date of Birth: _____
Gender _____	Grade: _____

The following questions are asked so that we are more fully informed about your son or daughter and can maximize our effectiveness in providing services to him/her. Your responses will be read by your child's counselor(s) and will be maintained separately from the permanent record. Responses to the Parent Assessment consistently prove to be a valuable resource during the opening weeks of school as we deal with homesickness and begin to build relationships within the community. As the year progresses, your insight will help us in providing college and career counseling and to add depth to our letters of recommendation for summer programs, scholarships, and colleges. While we hope you will share your responses with your son/daughter, we will treat the information as confidential and will share specific information with individual MSMS professional staff only on an as needed basis. This form will be shredded upon your student's withdrawal or graduation from MSMS.

1. Describe your family picture (separated, divorced, remarried, deceased, etc.), siblings, relationships and activities of the family as a unit. Discuss special circumstances of which we should be aware. ***(Reminder: Restrictive visitation and notification issues must be supported with the proper legal documentation attached to the Student Biographical and Contact Information Form which is maintained in the Office of Student Affairs.)***

2. Some national testing programs such as Advanced Placement (AP) and ACT allow fee waivers if at least one of the following criteria applies to your family's economic situation. Please indicate below if any of these criteria apply so that we are alerted to request a fee waiver if applicable.

Criteria:

- Your child currently receives free lunch.
- You have Medicaid/Medicare eligibility.
- You receive public assistance.

- One or more of these apply to my family's economic situation
- None of these apply

3. What impact will leaving home have upon you and your son/daughter?

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4. What impact will your son/daughter's departure have on your family?
5. This student: (1) has been identified for services under Special Education or Section 504 of the Rehabilitation Act of 1973 and (2) seeks accommodations related to this previously identified disability. **This information is confidential and will be used only for educational purposes. You are not required to disclose this information. However, The Mississippi School for Mathematics and Science will need this information if you want your child to continue receiving services without interruption.**

_____ YES

_____ NO

If the student has been identified for services under Special Education or Section 504 by his/her home school district, please request that these educational records be sent to:

The Mississippi School for Mathematics and Science
ATTN: Department of Student Affairs
1100 College Street
MUW-1627
Columbus, MS 39701-5800

6. Occasionally we find that issues addressed/resolved in the past reappear under the stress of a new living and learning environment. If your son/daughter has or has had difficulties in the past, which are not currently diagnosed as disabilities, but may cause concern in this new environment, please explain (health history, eating problems, drug/alcohol problems, social or family situations, learning problems, financial problems, etc.).
7. How would you characterize your son/daughter with respect to social characteristics (self-reliance, sense of humor, ability to mix, shyness, assertiveness, etc.)?

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8. Describe one or two events you see as major turning points in your son's / daughter's development and explain why you view them as such.

9. What is your son/daughter's greatest strength? Primary area needing improvement?

STRENGTH:

NEEDS IMPROVEMENT:

10. What are the qualities you most admire about your child?

11. Please describe an obstacle your child has faced or overcome (or is still dealing with) and how he/she overcame (is attempting to overcome) this barrier.

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12. List three adjectives that describe your son or daughter, and explain why.

13. What would you most like a college admissions officer to know about your child?

14. Please make any additional comments which you feel might be helpful to us.

Signature of Parent/Guardian: _____

Date: _____

Relationship to Student: _____