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To help us best serve your child, please complete the following questionnaire. If you have questions or concerns please contact Jennifer Berenguer. Thank you!

**Student's name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**What are your primary concerns for your child (please include academic areas as well as physical and/or social-emotional areas if applicable)?**

**What information would you like to gain from this evaluation?**

**Is your child eligible for special education? If so, under which classification?**

**What services, if any, is your child currently receiving from school?**

**Describe your child's strengths and weaknesses.**

**Describe your child's relationships with family members and peers.**

**Please list any significant illnesses, medical conditions, or medications in your child's health history.**