

Charity Home Education Support Services  
 5018 S. Riverton Rd  
 Hutchinson, KS 67501  
 (620) 567-2530

## Curriculum Advising Worksheet

Please provide the following information when requesting curriculum advising.

**Student's Full Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Social Security Number (if available)** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent(s) Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Country (if not USA)** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Please check all reasons for seeking curriculum advising and fill out the appropriate sections of this form.

\_\_\_\_\_ First Time Homeschool                      \_\_\_\_\_ High School                      \_\_\_\_\_ Special Needs

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

### First Time Homeschool

Has your child attended a public school or a private school? \_\_\_\_\_

If he/she attended a private school, do you know which curriculum did the school use? \_\_\_\_\_

Did that curriculum work well for your child?                      Yes                      No

If yes, which subject or subjects worked well?

\_\_\_\_\_

\_\_\_\_\_

Has your child taken a learning styles or multiple intelligences test?                      Yes                      No

If yes, What is your child's top two learning styles or top four multiple intelligences? \_\_\_\_\_

\_\_\_\_\_

In selecting curriculum, would you prefer Christian curriculum, secular curriculum, or either one? \_\_\_\_\_

\_\_\_\_\_

Please indicate which types of curriculum format would work for your child (select all that apply)

- \_\_\_\_\_ DVD
- \_\_\_\_\_ CD-ROM
- \_\_\_\_\_ Audio Cassette
- \_\_\_\_\_ Video Tapes
- \_\_\_\_\_ Text Books
- \_\_\_\_\_ Workbooks
- \_\_\_\_\_ On-line Instruction
- \_\_\_\_\_ Hands-On Instruction
- \_\_\_\_\_ Unit Study
- \_\_\_\_\_ Scrap Booking
- \_\_\_\_\_ Child Led Education

\_\_\_\_\_

**High School**

What are the student's interests and hobbies? What talents would you like to see your student develop?

How does the student pursue them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has the student done for service work (volunteer work) and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What year do you think the student will complete high school? \_\_\_\_\_

Has the student ever been employed?      Yes    No

What kinds of jobs has the student held? \_\_\_\_\_

\_\_\_\_\_

What are the student's post high school plans? \_\_\_\_\_

\_\_\_\_\_

What are the parent's wishes for the student after high school? \_\_\_\_\_

\_\_\_\_\_

How are you planning to accomplish these plans? \_\_\_\_\_

\_\_\_\_\_

Does this student intend to enroll in college?      Yes    No

Does this student intend to enroll in a trade school (business or vocational)?      Yes    No

Does your student want to enter the military?      Yes    No

Does your student have any high school credits at this point?      Yes    No

If yes, please list all the high school credits your student has accumulated up to this point. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- \_\_\_\_\_ Child Led Education

**Special Needs**

Has a qualified professional diagnosed your child as learning disabled?                      Yes    No

Describe the basis for that diagnosis (ex. testing). \_\_\_\_\_

If your child has any special medical conditions or disabilities, please attach a written statement that includes what the condition is and what professionals feel would be the best educational approach for your child. Also, include a list of medications that your child is on especially any for ADD, ADHD, depression, anxiety, and seizures.

Is your child receiving special education help in any form including physical therapy or speech therapy?  
Yes    No

Does your child have special talents, hobbies, or interests? Describe here. \_\_\_\_\_

Does your child frequently guess at words while reading?                      Yes    No

Is your child able to read independently at his/her grade level?                      Yes    No

Does your child enjoy spelling words correctly or is it a chore? \_\_\_\_\_  
\_\_\_\_\_

Is there a family history of poor spelling?                      Yes    No

Do you think your child has difficulty in the areas of reading or spelling?                      Yes    No

If yes, please explain here. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have the ability to speak in complete sentences?                      Yes    No

If no, what situations seem to make it more difficult for him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child prefer to dictate stories rather than write them?                      Yes    No

Does your child consider printing a chore?                      Yes    No

Does your child prefer printing or cursive? \_\_\_\_\_

Do you have a computer?                      Yes    No

If yes, is it IBM compatible or Apple? \_\_\_\_\_

Does your child prefer using the computer to write stories rather than writing longhand? \_\_\_\_\_  
\_\_\_\_\_

Is your child able to feel comfortable using mathematical concepts in real life? (Ex.: cooking, counting, reading a thermometer, shopping)                      Yes    No

Do you think your child has difficulties in mathematics?                      Yes    No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Is there a family history of difficulty in mathematics?                      Yes    No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

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- \_\_\_\_\_ Child Led Education

\_\_\_\_\_

**Other**

Please describe why you are seeking curriculum advising. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

