

Parent / Student Survey

Child's name (what do they prefer to be called)? \_\_\_\_\_

Is there anything that you think I should know about your child?

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Does your child enjoy reading/being read to? What kinds of books do they choose to read?

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How would you describe your child's learning style? \_\_\_\_\_

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What are your child's strengths (both academic and non-academic)? \_\_\_\_\_

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What does your child like to do for fun outside of school? \_\_\_\_\_

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Does your child have any siblings or pets? \_\_\_\_\_

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Parent/ guardian's name (s) (what you prefer to be called) \_\_\_\_\_

Best way to get in touch with you for a **non emergency**? Phone or Email

Phone # \_\_\_\_\_ Convenient Time \_\_\_\_\_

Email \_\_\_\_\_

Can your phone number, email or both be given to the room parent to contact you for parties and classroom related activities?

Phone: Yes No

Email Yes No

Do you have any talents, hobbies, or interests that you would like to share with the class at some point in the year?

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