

Parent Questionnaire



Dear Parent or Guardian,

To facilitate knowing your child better, I would appreciate it if you could complete the attached questionnaire and return it to school on or before [date goes here]. Please be assured that any information shared is confidential; thank-you for your support!

Sincerely,

K. Walkowiak

Student's Name: _____

Phone Number: Home: _____

Work: _____

Signature: _____

Date: _____

1. Does your child have any health problems that I should be aware of? [example: Does your child . . . wear glasses? . . . have allergies?]

2. In which areas has your son/daughter experienced success in school?

3. In which areas does your son/daughter experience difficulties in school?

4. What are your expectations for your son/daughter for this school year (intellectual, emotional, social, physical)?

5. Are there any other special concerns that you wish to share with me that would help me to know your child better?
