2015 PARENT SURVEY

Child’s Name: ............................................................... Class: .................

1. Describe your child’s personality .................................................................

2. At school my child enjoys .................................................................

3. At school my child has difficulty with ....................................................

4. The school and class teacher can assist my child this year by ...................

5. Do you have any other relevant information that you think is important for your child’s teacher to know? (eg. family situations, medical problems, English as a second language - ESL, occupational therapy etc.)

6. Please list any out of school activities or special interests: eg. drama, dancing, sports, etc. that they may be doing this year and which may affect school routines such as homework.

7. Does your child have access to the internet and is it readily accessible for them to use?

Parent’s Signature: ..........................................................

If this note was not received prior to your parent/teacher interview, please send into your child’s teacher as soon as possible.
Thank you.