

PaReNtS qUeStiONNaIRe

Student Name: _____

Grade/Class: _____ Date: _____

1. Parent/Guardian Information

Name(s): _____

Relationship to Student: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Other: _____

Phone Number: _____

Email Address: _____

2. Home & Learning Support

- Does your child have a quiet place to study at home? ☐ Yes ☐ No
- Are there any resources or materials your child might need this year?

3. Your Child's Interests & Strengths

- What activities does your child enjoy?

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- What subjects or topics do they seem most excited about?

4. Your Goals & Hopes for This School Year

- What is one academic goal you have for your child?

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- What is one personal/social goal you have for your child?

5. Additional Information

- Is there anything you would like me to know about your child's learning style, personality, or needs?

THANK YOU FOR TAKING THE TIME TO SHARE THIS INFORMATION. TOGETHER, WE CAN MAKE THIS A GREAT SCHOOL YEAR!