



Parent Survey

Information:

Student Name _____

Name(s) _____

Email Address _____

What is/are your goal(s) for your child this school year?

What do you feel are your child's strengths?

What do you feel your child needs to improve on?

What specific concerns do you have about your child's academic progress or behavior?

What general questions do you have about classroom curriculum, standards, evaluation techniques, or procedures?

Does your child have any health problems that might affect his or her behavior or academic progress?

Is your child dealing with any personal or family issues that might affect his or her behavior or academic progress (if you don't feel comfortable answering this question you can skip it)?

What do you want me to know about your child?

Additional Notes/Comments/Questions: