

Help Me Get to Know **YOUR CHILD!**

1. Child's Name: _____
2. Parent/Guardian Names: _____
3. Best Daytime Phone Number(s): _____
4. Please list all email addresses that you would like to receive email updates: _____

5. My child likes to: (Circle all that apply)
- | | | |
|-------------------|-----------------------|------------------|
| Listen to stories | Go to friend's houses | Play alone |
| Draw and color | Play make-believe | Play quiet games |
| Play outside | Build things | Write stories |

6. My child is good at: _____

7. My child learns best by: _____

8. Tell me about your child's experience in school last year.

9. What is your child's favorite subject? Why? _____

10. Is there a subject your child does not like? Why? _____

11. Is there anything else you would like me to know about your child?

12. Any allergies or medical concerns? Yes No
If yes please explain, _____

13. Are you interested in being a classroom volunteer this year? Yes No



Parent Survey

Beginning of the Year

Questions
#1 - 13 are
EDITABLE in
PowerPoint
& Google
Slides

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