Parent Questionnaire—Beginning of Year

Name ____________________________

Child’s Name __________________________

Tell Me a Little Bit About Your Child

1. What is the most important thing I should know about your child?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. What is your child passionate about?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What would you love your child to get better at?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Overall, how does your child feel about school and this grade?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. My child learns best when the teacher is . . .
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
6. Great friends for my child are . . .

7. My child does not work well when . . .

8. What is your child’s favorite book?

9. Which fears does your child have? (Big or small)

10. What is the best way to motivate your child?

Tell Me a Little Bit About You and Your Family

1. What are you looking forward to with this grade?

2. How would you like to be involved with your child’s education?
3. What is your preferred method of communication (email, phone call, meeting, note . . .)

4. Does your family have any special celebrations or traditions you would like to share with the class?

5. What subject/area did you dislike when you went to school?

6. What subject/area did you love when you went to school?

7. I think this year will be . . .

8. A typical afternoon after school looks like this in our life . . .

9. Who else lives at your house (siblings, pets etc.)?
10. Anything else you would like to tell me that will help me make this a successful year?