Meet the Parents Survey 2014

To help us create the best possible learning environment for your child, please take a little time to fill out this questionnaire about your child’s talents, interests and habits. Please also share concerns about your child so we can have a cooperative team approach to education.

Please send this survey back to school before the Meet the Parents meetings. Your child’s teacher/s will then have the opportunity to read it before your meeting. This information will be treated in the strictest confidence.

Student’s name ___________________________ Class _________

Student’s siblings __________________________________________

Parents’ names ____________________________________________

At school my child is most enthusiastic about ____________________________________________
________________________________________________________________________________
________________________________________________________________________________

My child’s strengths are ____________________________________________
________________________________________________________________________________
________________________________________________________________________________

My child’s challenges are ____________________________________________
________________________________________________________________________________
________________________________________________________________________________

Some responsibilities my child has at home are __________________________________________
________________________________________________________________________________
________________________________________________________________________________

My child’s interests include ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
Our/my learning goals for our/my child this year are:

- **Academic**
  ____________________________________________________________________
  ____________________________________________________________________
  ____________________________________________________________________

- **Social/emotional**
  _____________________________
  ____________________________________________________________________
  ____________________________________________________________________

When my child is having difficulty learning something, I find it works best to
_____________________________________________________________________
_____________________________________________________________________

Questions/concerns I would like to discuss at this meeting include
_____________________________________________________________________
_____________________________________________________________________

Other things about my child (e.g. medical information, allergies, family matters, custodial issues, afternoon pick up arrangements, social/emotional issues, etc ...)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Thank you for taking the time to tell us about your child. We look forward to seeing you at our Meet the Parents meeting!