ST MATTHEW’S ‘MEET THE TEACHER’ SURVEY 2016

To help us create the best possible learning environment for your child, please take some 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 bring this survey to your Meet the Teacher 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 has difficulties with/struggles with _____________________________________

__________________________________________________________________________

__________________________________________________________________________

My goals for my child for 2016 are:

• Academic ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

• Social/emotional __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

• Work habits ______________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
AT HOME
Some responsibilities my child has at home are ____________________________
________________________________________________________________________

When my child is having difficulty learning something, I/we find it works best to _____________
________________________________________________________________________
________________________________________________________________________

My child’s interests out of school include ______________________________________________________________________
________________________________________________________________________
________________________________________________________________________

OTHER INFORMATION ABOUT MY CHILD

My child:
☐ wears glasses at school for ______________________________
☐ has medical issues ____________________________________________________________________________
☐ action plan has been given to front office ☐ Yes ☐ No

☐ attends out of school learning programs (e.g. Kumon, occupational therapy, speech therapy)

☐ has some notable behavioural/social/emotional needs ________________________________

We feel you should know about:
☐ family matters/issues ________________________________________

☐ custodial matters ____________________________________________

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

Thank you for taking the time to tell us about your child.
Please bring this survey with you to your Meet the Teacher meeting.