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 Teacher 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 ____________________________________________

My child’s strengths seem to be ____________________________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My child’s challenges seem to be ____________________________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My child’s interests outside of school include ____________________________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Some responsibilities my child has at home are ____________________________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Our/my hopes for our/my child for 2017 are:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
• Learning goals ____________________________________________
  __________________________________________________________
  __________________________________________________________

• Social/emotional goals ____________________________________________
  __________________________________________________________
  __________________________________________________________

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 relevant information about my child (e.g. medical information, allergies, family matters, custodial arrangements, afternoon pick up arrangements, social/emotional concerns, etc ...)
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Parent Name ____________________________________________
Parent Signature ____________________________
Date ____________________________

Thank you for taking the time to record this information about your child.
We look forward to seeing you at your Meet the Teacher meeting!