Meet the Teacher Survey 2017

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 ____________________________________________

When talking about school my child seems most enthusiastic about __________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

My child’s strengths seem to be __________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

My child’s challenges seem to be __________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

My child’s interests outside of school include __________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Our/my learning goals for our/my child for 2017 are:

- **Academic 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!