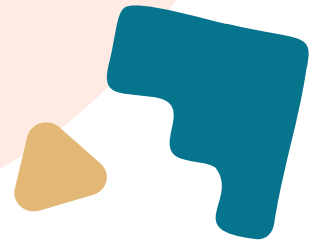


# Back-to-school family survey



Please answer these questions to help your child's teacher get to know your family.  
Thanks so much for your time!

|   |  |
|---|--|
| Your child's first name or preferred name |  |
| Your child's last name                    |  |
| Your first and last name                  |  |

## 1. How do you prefer to be addressed?

First name  Mr.  Ms.  Mrs.  Other: \_\_\_\_\_

## 2. How do you like to stay in touch?

Email: \_\_\_\_\_  Phone: \_\_\_\_\_  Note home

## 3. What goals do you have for your child this year? What are your child's goals?

## 4. What dreams do you have for your child's future? What are your child's dreams?

## 5. How does your child feel about school in general?

Your child's name (in case these two pages get separated):

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**6. When does your child learn best? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> When seated near the teacher                              | <input type="checkbox"/> When given time to think about answers                      |
| <input type="checkbox"/> When allowed to move during a lesson                      | <input type="checkbox"/> When assigned work that is broken down into steps or chunks |
| <input type="checkbox"/> When given directions in different ways                   | <input type="checkbox"/> I'm not sure  |
| <input type="checkbox"/> When given an outline to follow to help with taking notes | <input type="checkbox"/> Other: _____  |

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**7. What motivates your child to do their best work? Any favorite sports or hobbies?**

**8. What comforts your child when frustrated, anxious, or upset?**

**9. What strategies have other teachers used that helped your child learn?**

**10. Is there anything else you'd like me to know?**