

# PARENT OR GUARDIAN SURVEY

I am so excited to have your child in my class this year! The more I learn about your child, the better I can meet his or her needs in the classroom. Please take a few minutes to fill out this survey the best you can. I truly value all parent input, as you know your child better than anyone else. Thank you in advance!

Child's Name:  Nickname:

Name of parent(s) or guardian(s):

Email:

Home Phone:  Cell Phone:

Preferred Method of Contact:

The 5 Things I Wish/Hope/Dream for My Child...	The 5 Things I Fear Most for My Child...
1. <input type="text"/>	1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	3. <input type="text"/>
4. <input type="text"/>	4. <input type="text"/>
5. <input type="text"/>	5. <input type="text"/>

Strengths for my child are:

Things that motivate my child are:

Socially, I would like to see my child work on:

Academically, I would like to see my child work on:

Does your child enjoy reading? If so, what genres and/or series is he or she most interested in?

Anything else you would like me to know about your child:

**THANK YOU!**

