

Parent Questionnaire

2016/2017

Your child's name: _____

Birth Date: _____

Please list any siblings and their ages (and the name of their teacher if also at James Kennedy).

What does your child show interest in? What does she/he especially want to learn about?

What does your child enjoy most about school?

What are some of your child's strengths (socially, academically, physically)?

What are your goals for your child this year (socially, academically, physically)? *turn over* →

What are your expectations of me, your child's teacher?

Would you be willing to volunteer some of your time and/or expertise to enhance the classroom program. If so what would you be interested in doing? (e.g. field trips, home reading book exchanges, reading in the classroom, cutting and/or gluing stuff...)

Are there any special circumstances regarding family situation or custody issues of which I should be aware?

Is there anything else you would like to tell me?

Parents/Guardians names: _____

Phone number(s): _____

Convenient times to call: _____

Email address: _____

Thank you very much for taking the time to complete this questionnaire. All information will be treated confidentially.

Sincerely,
Stacey Hernberg