

PARENT SURVEY

Child's Name: _____

Parent/ Guardian Name: _____

Phone: _____ Email: _____

I prefer to be contacted by: Text _____ Call _____ Email _____

Does your child have any health concerns or allergies?

What are some of your child's strengths and special interests?

What motivates your child?

How would you like to see your child improve/ grow this year?

Please feel free to share anything else you would like me to know and understand about your child.

Parent Signature: _____ Date: _____

Please have your student return to me by August 21, 2020.

Thank you,

Mr. Shirley