Parent Questionnaire

My child’s name/nickname __________________________

Parent(s) name(s) __________________________________________

Best way to contact me: (please fill out each line, and check all boxes that apply)
☐ Phone: ______________________
☐ Email: ______________________
☐ Note sent home

Please list any allergies your child has: __________________________

What are some of your child’s special interests, hobbies, and skills? ________
________________________________________________________________________
________________________________________________________________________

Please list the goals you have for your child this year: _________________
________________________________________________________________________
________________________________________________________________________

What are your child’s strengths? __________________________
________________________________________________________________________
________________________________________________________________________

What are some things your child needs to work on? ______________________
________________________________________________________________________
________________________________________________________________________

How can I help your child succeed this year? _______________________
________________________________________________________________________
________________________________________________________________________

Is there anything else you’d like to share? __________________________
________________________________________________________________________

I look forward to working with you to help your child have the best year ever!