



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!