

PARENT SURVEY (PRIMARY)

Name: _____ Date: _____

Child's Name: _____

Dear Parents: Since you are your child's first and best teacher, we would like your perception of your child as a learner. Thank you for your help!

How does your child feel about going to school? _____

What are your goals for your child this year? _____

What are your child's interests/hobbies/talents/activities? _____

What types of activities do you like to do together as a family? _____

Do you read together regularly? If so, when and how often? _____

Do you usually read to your child or does your child read to you? _____

What types of books does your child enjoy? _____

What are some of your child's favorite books and/or authors? _____

Does your child discuss, retell or "pretend read" stories/poems you read aloud? _____

Does your child know how to read any books? If so, which ones? _____

Does your child do any drawing or writing at home? If so, how often and what types?

What are your observations about how your child plays? _____

What are some other things you would like me to know about your child? _____

PARENT SURVEY (INTERMEDIATE)

Name: _____ Date: _____

Child's Name: _____

Dear Parents: Since you are your child's first and best teacher, we would like your perception of your child as a learner. Thank you for your help!

How does your child seem to feel about going to school? _____

What are your goals for your child this year? _____

What are your child's interests/hobbies/talents/activities? _____

What types of activities do you like to do together as a family? _____

Do you read together regularly? If so, when and how often? _____

Do you usually read to your child or does your child read to you? _____

What types of books does your child enjoy? _____

What are some of your child's favorite books and/or authors? _____

Does your child do any drawing or writing at home? If so, how often and what types?

What are your observations about how your child learns? _____

What are some other things you would like me to know about your child? _____
