

Back-to-School Parent Survey

Dear Parents,

I'm counting on your support and communication for a fantastic school year! Please take a moment to complete and return this form to help me get to know your child. Together, we can set him/her up for academic success. Thank you in advance for your support. Let's have a great year!

Sincerely,

Child's Name: _____

Parents' Names: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Please circle the best way for me to communicate with you throughout the year.

Phone Text E-mail Other (_____)

1. How would you rate your child's attitude about school? (high ----- low)
5 4 3 2 1

2. How would you rate your child's organizational skills? 5 4 3 2 1

3. How would you rate your child's sense of responsibility? 5 4 3 2 1

4. What was your child's biggest academic challenge last year? _____

5. Are there any personal or medical issues that you would like to discuss with me personally?

6. Do you have other specific questions or concerns that you would like to share with me?

Parent's Signature _____ Date _____