

Student Questionnaire Getting to Know Your Child



Name: _____

Please list a few things that your child is interested in:

1. _____
2. _____
3. _____

Does your child enjoy reading (looking at) books at home? _____

Does your child enjoy writing and drawing pictures at home? _____

Names and ages of siblings at home:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List and describe the academic and personal strengths and weaknesses you see in your child:

Is there anything else you want to tell me to know more about your child? Concerns? Questions?

Does your child have any medical conditions I should be aware of like allergies?

