

All About Your Child

Child's Name: _____

Please take the time to answer these questions so that we will better how to meet your child's individual needs.

What does your child enjoy doing outside of school?

Are there any personal or medical concerns that we need to be aware of? _____

Does your child enjoy reading? What are some of his/her favorite books?

3 Goals for My Child this Year Are:

1. _____
2. _____
3. _____

How would you rate your child's attitude towards school?

1 2 3 4 5



Needs Improvement

Super

How would you rate your child's sense of responsibility?

1 2 3 4 5



Needs Improvement

Super

5 Words that describe your child's personality

1. _____
2. _____
3. _____
4. _____
5. _____

My child's areas of strengths are:

My child struggles with: _____

Are there any holidays your family doesn't celebrate? _____

What kinds of things upset your child? _____

What motivates your child?

What does your family do
for fun? _____

Family Talents (i.e. cooking, electrician, etc.) : _____

Other Comments/Concerns: _____

Parent Name: _____

Thank you for taking the time in completing this parent questionnaire. We
look forward to getting to know you and your family over the year.

-Samara Community School