

Child's Name: _____ Child's Birthdate _____
Parents' Names: _____ and _____

Parent Survey About Your Child



Parents, please thoughtfully and honestly answer these questions to help me get to know your child.

1. What three adjectives best describe your child?
2. What time does your child go to bed on school nights and wake up on school days?
3. What are your child's strengths?
4. In what areas does your child struggle and need help to improve?
5. What is your child's greatest source of happiness?
6. What makes your child sad or upset?
7. How do you discipline your child at home?
8. What rules do you have at home about device usage/screen time?

9. Who, if anyone, helps your child with school work/homework?

10. What activities does your child participate in after school and/or on weekends?

11. Does your child have any food or other allergies?

12. What, if any, prescription or non-prescription medication does your child take?

13. How can I best support you and your child this year?

Please provide any additional information about your child you would like me to know, so I can best understand and meet your child's needs.