

PARENT SURVEY

Child's name: _____ Child's Class: _____

Name of Parent/Guardian who is completing this survey: _____

How is your child with activities of daily living (basic self care tasks such as feeding, toileting, grooming, etc.)?

Does your child have any chores or responsibilities at home? If so, what are they?

What is your child's learning style?

Please share your child's academic interests, preferences, and strengths:

What are some of the academic concerns that you have regarding your child? What do you feel that your child struggles with academically?

Please share your child's social strengths and weaknesses (Do they struggle to make friends?/ Do they make friends easily? Is he/she sensitive or shy? Is he/she very outgoing? etc.)

Do you have any concerns about your child's social development?

Please share about your child's physical development (motor and sensory development, health, vitality, physical skills or limitations which can impact the learning process):

Does your child wear prescription eye glasses? yes no

*Does your child have any allergies? _____ If yes, what are they? _____

Does your child have asthma? yes no

Do you have any concerns about your child's physical development?

