



Parent Survey

Student's Name: _____ Grade ___ Age ___

Parent/Guardian: _____

Best Contact Number: _____

1. What are your child's academic strengths?
2. What hobbies/extracurricular activities does your child participate in? (sports, clubs, church, ...)
3. Describe your child's behavior at school.
4. Describe your child's behavior at home.
5. What motivates your child in school or at home?
6. Explain any academic concerns regarding your child?
7. Does your student receive any Special Education Services?
8. Has your child ever been retained? If so, what grade?
9. List any additional services your child currently receives or has received in the past.
10. Please list any additional information you would like us to know.