

Parent Questionnaire 2020

Child's name: _____ Parent's name: _____

Parent's email _____

1. Health issues that you think your child's teacher should know about:

2. Your child's strengths:

3. Areas that you feel your child needs more support:

4. Activities in which your child is involved in outside of school:

5. Goals you would like to see your child achieve this year:

6. Other relevant information you think the teacher should know about your child: