Family Questionnaire

As a teacher, it's important for me to get to know you and your child. In doing so, I would truly appreciate if you would fill out the questions below, as I plan to use this information to ensure instruction is engaging and effective for your child. If your responses exceed the allotted space, feel free to attach another sheet.

If you would rather talk in-person or over the phone, please contact me for an appointment at: ______. Thank you in advance for allowing me to learn from you!

• The name(s) you prefer to	be called:
Your child's name:	
The name your child prefer	rs to be called:
Do you prefer to communi	cate by email, phone call, or text?
What is your best contact	information?
What allergies does your c	hild have?
I'd describe my child as	
What are your child's stre	ngths?
In what area(s) would you	like to see your child improve?
What does your child like b	best about school?
What comforts your child	when they are frustrated, anxious, or upset?
Who does your child live w	rith?
Are there other adults tha	t support your child?
Is there anything else that	you think would help me better understand you and your child?

Thank you, and I look forward to a great school year with your student!

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