

## **Help Us To Know Your Child Better!**

Please complete this survey with your child and return it to his/her classroom teacher to assist in the development of appropriate programs.

Child's Name: \_\_\_\_\_

My child prefers to

- work alone
- work in groups
- work with a partner
- any of the above

My child learns best by

- reading about a subject
- having a teacher explain/talk about the topic
- watching examples of demonstrations
- receiving direct instruction
- actively experimenting, practicing and doing

My child learns

- with assistance and repetition
- easily
- quickly with little or no repetition required

My child

- enjoys school always
- enjoys school most of the time
- does not enjoy school

My child

- has difficulty maintaining attention in class
- works well within allotted time periods
- is attentive and follows instructions easily
- is keenly observant
- shows strong feelings and opinions
- becomes impatient with time restraints
- doesn't always complete teacher assigned tasks

My child

- is disorganized, loses notes, doesn't complete work
- is usually organized and completes assignments on time
- is well organized and assumes responsibility for planning and scheduling the completion of assignments

My child spends his/her free time \_\_\_\_\_

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My child has outside interests in \_\_\_\_\_

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Something teachers should know about my child is \_\_\_\_\_

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My child likes school most when \_\_\_\_\_

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My child likes school least when \_\_\_\_\_

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My child has a special interest/talent in \_\_\_\_\_

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My child is challenged when \_\_\_\_\_

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My child's relationship with others can be described as \_\_\_\_\_

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Other information:

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Date: \_\_\_\_\_

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*Parent's Signature*

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*Child's Signature*