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

Appendix 2.3.9

**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

My child has outside interests in

Something teachers should know about my child is

My child likes school most when

My child likes school least when

My child has a special interest/talent in

My child is challenged when

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

Other information:

Date:

*Parent’s Signature Child’s Signature*