



Parent Questionnaire

Room 125, Ms. Lowe

Parents/Guardians: Please take a moment to tell me a little bit about your child using this form. The more I know about your child, the better I can teach him/her. Please return this form. I look forward to getting to know you and your child this school year. Thank you for your time and your help.

Thank you,
Ms. Lowe ©

Child's full name:

Parent/Guardian(s) Name(s):

Daytime phone number: ()

Evening phone number: ()

Cell phone number: ()

Email:

The best way to contact me is by:

- Phone (day/evening)
 Email
 Notes sent home

Does your child have internet/computer access outside the classroom? Yes No

Please list any goals that you may have for your child this year in Fourth Grade.

What are your child's strengths? (Academically/Socially)

What are your child's challenges that you would like for me to address in the classroom? (Academically/Socially)

My child learns best by (please check all that apply, you may add any ideas not listed)

- | | | |
|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Art/craft activities | <input type="checkbox"/> Games |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Working in a group | <input type="checkbox"/> |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Working alone | <input type="checkbox"/> |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Hands on activities | <input type="checkbox"/> |

What special interests, sport activities, and/or hobbies does your child have?

Please list three words best describe your child:

Are there any special comments you would like to make?

Thank you so much for taking the time to complete this form. It really helps! :)