ABOUT YOUR FAMILY

10. Does your child have any siblings? If so, how many and what are their ages?

11. Which family members are particularly involved or important in your child's life?

12. Is there any other important information that you would like us to know about your family? What?

ABOUT THE PREKINDERGARTEN EXPERIENCE

13. Has your child attended school in the past? If so, was the experience a positive one? Explain.

14. What does your child look forward to this school year?

15. What, if anything, is your child nervous about concerning this school year?

16. What do you most want your child to learn this school year?

OVERALL

17. What else would you like us to know? Do you have any questions we can answer for you?

Family Survey

School Year: _____ **School Name:** _____ **Teacher's Name:** _____

Child's Name: _____ **Parent/Guardian Name(s):** _____

Date: _____

DIRECTIONS

Please answer the following questions.

ABOUT YOUR CHILD

1. Does your child have a nickname that you would like us to use? If so, what is it?

2. What are your child's favorite activities?

3. Does your child have a favorite toy? If so, what is it?

4. What are your child's greatest strengths?

5. What are your child's biggest challenges?

6. What concerns, if any, do you have about your child?

7. What would you most like us to know about your child?

8. What are your greatest hopes for your child?

9. What, if any, health conditions does your child have that require classroom modifications?