| Student's Name: |
|---|
| <u>Parent Survey:</u> |
| Tell me about your child's personality: |
| |
| What are some of their hobbies/likes? |
| |
| What are some of their dislikes? |
| |
| How does your child feel about school (please be honest)? Are there parts they particularly like or dislike? Parts that cause them anxiety? |
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| Ad | cademically, what are some of their strengths? What do you think they need to work on? |
|----|--|
| Sc | ocially, what are some of their strengths? What do you they need to work on? |
| М | ly child thrives the most when: |
| Ar | nything else you'd like me to know about your child or family: |
| | |
| | |