PARENT SURVEY

Back to School Night

September 6, 2017

1. What do you see as your child's greatest strengths or skills? Tell me about a time when you saw your child demonstrating these skills.

2.. What was your experience like in this grade? How do you remember that year of school?

3. What are your fears or concerns about your child in this year of school?

4. How and when would you like me to be in touch with you this year? What do you hope I'd communicate with you about?

5. Is there anything else you can tell me about your child that you think would help me support his/her learning?

6. How would you like to be involved in this class this year? Would you like to volunteer to chaperone trips or share a special skill or interest with the class?