

FAMILY SURVEY

Personal information	Student name	
	Parent/Guardian name	
	Relationship to student	

Parent/Guardian Contact information (Please put a * beside the best way for me to contact you)	Home phone	
	Work phone	
	Cell phone	
	Email	
	Address	

Please draw an "X" through the best times for me to contact you. Please indicate more specific times if necessary. If applicable, you may indicate the best phone number to use during those times.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning 9am-12							
Afternoon 12-5pm							
Evening 5-9pm							

Are you the only person to whom I should speak when I call home? If there is someone else I can speak with about your student, please fill out his or her information below.	
Name	
Relationship to student	
Home phone number	
Work phone number	
Cell phone number	

You know your student best. Thank you so much for taking the time to provide me with this information. I look forward to working with you this year!

What are your student's strengths? Be specific and don't be bashful. Include as many as you can think of—academic, social, athletic, artistic, musical, etc.

What can you tell me about how your student learns best? What kinds of classroom learning environments have helped him/her to learn in the past?

What can you tell me about things that get in the way of your student's learning? What kinds of classroom learning environments have made it more difficult for him/her to learn?

Is there anything else you want me to know about your student? This might include but is not limited to current medications, medical or emotional conditions, situations at home, past experiences, etc.