Dear __________________________,

As your child’s teacher, I want to get to know you and your child better. To provide the best support, I want to draw on strategies that have worked in the past in school and at home. I will use the information to make school more engaging for your child.

Please answer the questions below. You may write your answers and send this sheet back to me.

If you prefer to talk in person or by phone, I’d be glad to set up an appointment. Thank you in advance for allowing me to learn from you.

Warm regards,

______________________________

Your name(s) as you prefer to be called: __________________________________________

Your child’s name and/or preferred nickname: _______________________________________

How do you prefer to communicate (by email, phone call, or a note home)?

_____________________________________________________________________________

What goals do you have for your child this year? What are your child’s goals?

_____________________________________________________________________________

_____________________________________________________________________________

What dreams do you have for your child’s future? What are your child’s dreams?

_____________________________________________________________________________

_____________________________________________________________________________

What motivates your child to do his or her best work?

_____________________________________________________________________________

_____________________________________________________________________________

When is it easiest for your child to pay attention? When is it hardest?

_____________________________________________________________________________

_____________________________________________________________________________

How does your child feel about school in general?

_____________________________________________________________________________

_____________________________________________________________________________
Family questionnaire

When does your child learn best? (Check all that apply.)

☐ When seated near the teacher

☐ When allowed physical movement during a lesson

☐ When given extra time to organize his or her thoughts

☐ Other: ____________________________

☐ When provided with an outline to follow when taking class notes

☐ When assigned work that’s broken down into manageable chunks

☐ When given clear directions that are repeated and clarified

What makes learning easier for your child? What makes it more difficult?

________________________________________________________________________

________________________________________________________________________

What comforts your child when he or she is frustrated, anxious, or upset?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are there other adults — at home, at school, or in the community — your child turns to for support?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe three qualities of a teacher who will help your child succeed in school.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are some ways we can work together to help your child?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is there anything else you’d like to add?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________