

**Parent/Guardian Survey
(Beginning of School Year)
by Erin Burke**

**Parent/Guardian Survey
Ms. Burke**

Your Name: _____

Your Child's Name _____

Please fill out this form and return it by Monday, September 20th.

You know your child best! Please tell me a little about him/her:

1. What is your relationship to the student (mother, father, aunt, grandmother, etc.)?

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

3. What do you wish that teachers knew about your student that they might not know?

4. What motivates your student?

5. What does your student struggle with?

6. What are your goals for your student?

7. Please share any information I should know about your child (medications, allergies, asthma, conditions, special seat requirements, bathroom needs, etc.)

8. Is there anything else that I should know that would be helpful in making me the best teacher of your student?

9. What is the best way to contact you? Please write an email address or telephone number and convenient times for me to call.

10. Are you the only person to whom I should speak when I call home? If there is someone else I can speak with, please write their name(s) and relationship(s) to the child.

11. What is your mailing address?

10. Please feel free to contact me. I can be reached through the main office at MS 118 (718-584-2330), via email (eburke@ms118.org), or on my cell phone (847-275-1417). Please do not hesitate to call me anytime before 10pm.