![C:\Users\Owner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\YVMJBUBC\MCPE03254_0000[1].wmf]()Dear Parents,

 I would like to establish an instructional program and classroom that will meet the needs of each child. Your information will help me to provide instruction that is responsive to and supportive of each child. Please complete and return this survey by the end of the week. Thank you for your time and cooperation. I look forward to meeting you all at Back to School Night. I know that it is going to be a wonderful year!

Warmly,

Mrs. Dieckhans

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you feel are some of your child’s strengths?

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1. What areas does your child need extra support, encouragement or guidance in? (Please consider social and emotional as well as academic.)

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1. Give a brief description of your child’s study and work habits, considering attitudes, self-discipline and maturity.

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1. What upsets your child?

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1. What are some of his/her hobbies and interests?

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1. Do you have any specific concerns about your child that would be helpful to know? Please describe them.

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1. Do you have any special needs for your child academically that you would like to have addressed, if possible?

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1. Please give any additional information you feel I should have about special health concerns, family situations or needs for your child that may affect him/her in the classroom.

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