

Confidential Parent Information Questionnaire

Please fill out this questionnaire and send it back to school with your child by August 23, 2013

Student Name _____

Parents' (or Guardian) names _____

Do you have internet/ email access in your home? Yes No

Does your student(s) have access regularly to the internet/computer for homework purposes?

Yes No

Parent email address(es) _____

Student email address(es) _____

Parent phone number(s) _____ work cell landline

(please indicate which contact) _____ work cell landline

Address: _____ City _____ Zip _____

In case of emergency, who should be called? _____

Does your student suffer from any allergies or medical conditions? _____

What is the family structure in your home (mother, father, guardian, brothers, sisters, other relatives...)

What are your students' special talents? _____

What is motivating and rewarding for your student? _____

How does your student feel about school? Does your student feel capable of doing his/ her school work?

What type of situations does your student find stressful?

Please comment on the things you would like to see your student achieve this year. _____

What are the qualities you like best about your student? _____

Please use this space to make any comments or suggestions you feel would be of help to me in working with your student. Feel free to use the back!! _____

Thank you!

Ms. Rainwater