Very Important Parent Questions for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking time to answer questions and share information about your child.

It's important to me to have information about your child from your point of view!

If there is a need to contact a parent during the school day, who should be contacted?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is a need to contact you at home, when is a good time (check all that apply)?

❏ Monday evening ❏ Tuesday evening ❏ Wednesday evening

❏ Thursday evening ❏ Saturday evening ❏ Sunday evening

Do you have e-mail addresses that we could use to facilitate communications?

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Do you need to have my class newsletters sent to a parent at a different address? ❏ yes ❏ no

Is there a need to schedule separate conferences, one for each parent? ❏ yes ❏ no

Are you able to come to our classroom and volunteer time? ❏ yes ❏ no

Are you able to volunteer time to complete tasks at home? ❏ yes ❏ no

Are you able to come on a class field trip? ❏ yes ❏ no

Does your child have any health concerns I need to be aware of? ❏ yes ❏ no

Does your child have any allergies I need to be aware of? ❏ yes ❏ no

Is your child taking any medications I need to know about? ❏ yes ❏ no

Do you have a computer? ❏ yes ❏ no

Is it internet connected? ❏ yes ❏ no

Is your child able to visit the county library to check out books? ❏ yes ❏ no

Are you expecting any long vacations during school time? ❏ yes ❏ no

How will your child get to and from school each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you see as your child’s strengths as a student?

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What concerns you about your child’s skills in school?

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What would have to happen for you to consider this school year to be a success?

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Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I look forward to seeing you at our Open House, DATE HERE, TIME HERE