**Parent/Guardian Survey**

**2018-2019 School Year**

We are committed to strengthening teacher-parent relations. Our communication and support is vital to the success of our students. Please complete the information below so that we may acquire a better idea of your expectations and gage how we can work together to meet students’ needs.

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents’/Guardians’ Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best method of contact:**

🞏 Phone: work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Letter/ written communication

🞏 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best days/time of day to make contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your hopes and dreams for your child?**

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**What are your child’s strengths (including but not limited to academics)?**

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**What do you want your child to learn/what skills can be strengthened this year?**

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**What concerns do you have about your child’s education?**

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**How may your child’s teachers be of more assistance?**

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**Additional comments or suggestions:**

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**Please indicate the activities in which you are interested in becoming involved:**

🞏 Parent Teacher Organization (PTO)

🞏 Career Day speaker

🞏 Sharing hobbies/interests in the classroom

🞏 Making donations

🞏 Fundraising

🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this survey!