BEGINNING OF THE YEAR PARENT SURVEY

Ms. Harrison’s Second Grade, 2015-2016

*Please tell us a little about your second grader. Return the survey by mail to Lisa Harrison, University of Chicago Lab Schools, Earl Shapiro Hall, 5800 S. Stony Island Ave., Chicago, IL 60637, email* *lharris@ucls.uchicago.edu* *or deliver it to the Primary School Office.* ***Surveys are due the first week of school.*** *Thank you!*

Parents’ Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s preferred first name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the most important thing we should know about your child?

What does your child love to do? Is there anything she/he is passionate about?

What classes/programs is your child involved in outside of school (music, sports, etc.)?

What are your child’s strengths in and outside of school?

Is there anything your child tends to struggle with?

What is the best way to motivate your child?

Does your child have any fears (big or small)?

My child learns best when the teacher is…

Do you have any concerns about your child?

What are your hopes for your child this year?

Who else lives at your house (siblings, pets, etc.?)

A typical afternoon after school looks like this in our life…

Does your family have any special celebrations or traditions you would like to share with the class? (Please include time of year.)

Do you have a cool job, special talent, area of interest or anything else that you would like to share with the class?

Is there anything else you would like to tell us to make this a successful year?