Parent Survey

Please fill out and bring along to your Parent Teacher Conversation

Child’s Name: __________________________ My child prefers to be called: ________________

Parent/s Name/s: __________________________ __________________________

Three adjectives you would use to describe your child: ________________________________

Please complete these sentences:

My child’s main interests are ________________________________________________

My child enjoys reading _______________________________________________________

My child’s strengths __________________________________________________________

My child needs support with _________________________________________________

Please circle - My child is left handed/ right handed

The best way to calm and support my child is ________________________________

Does your child have any hobbies? ______________________________________________

How would you like to be involved in your child’s learning? _________________________

__________________________________________________________________________

Do you have any other important information to share with us?

__________________________________________________________________________

__________________________________________________________________________

Thank you for taking the time to fill in this survey. We look forward to working in partnership,
Your Year 1 Teachers.