

# Parent Questionnaire

Hello, Parents! I am looking forward to getting to know you and your child better this school year. In order to support this effort, I have created this "Parent Questionnaire" form. I ask that you please fill it out at your earliest convenience. This is made so that I can simply be my best help to you and your child this school year.

\* Required

1. Would you like to be a parent volunteer for our classroom this school year? \*



Mark only one oval.

- ☐ Yes
- ☐ No

2. What do you see as your child's greatest strengths or skills? Tell me about a time when you saw your child demonstrating these skills. \*

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3. What are your fears or concerns about your child in this year of school? \*

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**4. Does your child have any food allergies? \****Mark only one oval.*☐ Yes☐ No**5. If yes, please specify below:**

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**6. Does your child have any specific medication that must be taken at school on a regular basis? \****Mark only one oval.*☐ Yes☐ No**7. If yes, please specify:**

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**8. What important information would you like me to know about your child that I have not asked? \***

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**9. What is your work phone number?**

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**10. What is your house phone number? \***

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**11. What is your cellphone number? \***

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**12. What is your email address?**

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**13. What is the best way to contact you regarding your student? \****Mark only one oval.*

- ☐ Email
- ☐ Cell Phone
- ☐ House Phone
- ☐ Work Phone Number

**14. If I am not able to get in contact with you, who is a good person for me to reach out to? \***

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**15. What is their relation to you? \****Mark only one oval.*

- ☐ Husband
- ☐ Wife
- ☐ Friend
- ☐ Parent
- ☐ Sibling
- ☐ Other Family Member

**16. What is their contact information? \***

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