

Upper Group Beginning of the School Year Survey

Child's Name: _____

Child's Pronoun: _____

Any Nicknames: _____

Your Child

What are your child's greatest strengths?

What are your child's greatest challenges or needs?

How would you describe your child's learning style?

What does your child like best about school?

Outside of School & Extracurricular Activities

Does your child participate in any extracurricular activities?

What does your child do after school and on the weekends?

Are there aspects of your child's home or community environment that would be useful to know about (e.g. shared parenting, single parenting, recent or upcoming changes in the norm, etc.)?

Hopes & Wishes

What are your hopes and wishes for your child?

What are your hopes and expectations of the Upper Group teachers during this coming year?

Is there anything else you would like for us to know about your child?