

Guardian Survey

Student's Name:

Guardians' Names:

Daytime Phone:

Evening Phone:

1. In what ways do you prefer to get information about your child? Please check all that apply.
Written note, or Email
Phone Call
Personal contact with the teacher
Other:
2. What is the best time to reach you?
3. Newsletters will usually be sent via email, if you do not have an email address, I can provide a paper copy ☺ Please include your email address below:
Email:
4. If you would like information via text message, please include your cell number below:
Cell number:
5. If you have other children, what grade are they in?
6. Would you be willing to volunteer in the class?
7. What interests or hobbies would you like to share with the class?
8. What holidays do you celebrate?
9. My child is interested in.....
10. My child's strengths include....
11. Goals I have for my child this year include.....
12. If there is anything else you feel would be helpful for me to know, please take a minute to write it here...

Thank you for completing this survey. It will help me get to know your child!

Ms.Bond☺