

Start of Year Questionnaire

1. Is your child on any medications? yes no

If so what medications? _____

2. Does your child have any allergies? yes no

If so what allergies? _____

3. What are your child's biggest strengths?

4. What does your child struggle with the most?

5. What are some things your child likes to do?

6. What are your child's favorite foods?

7. What are some goals you have for your child this year?

reading: _____

math: _____

social skills: _____

communication: _____

life skills : _____

other: _____

8. Any changes with your child over the summer?

9. What are the names/ages of your other children?

10. What is the best way to contact you? (circle one)

phone calls text email notes

11. How often would you prefer teacher communication to be?

daily weekly weekly/special circumstances monthly

best phone #: _____

email: _____