

Student's Name: _____



Mrs. Machak's Class
Student Information

Right handed _____

Left handed _____

Allergies _____ Please list below.

Dear Parents,

This optional survey helps me to get to know your child better so that I can work with him/her in the classroom in a manner that best meets his/her needs. You know your child in a way that no one else does. Please take several minutes to share your thoughts with me. All replies will be confidential. Feel free to put this in a labeled and sealed envelope if you want to keep the contents private. Thank you in advance for taking the time to help me get to know your child better!

Mrs. Machak

Birthday: _____

(Please let me know if your child does NOT celebrate birthdays. Thank you!)

Parent First and Last Names:

Siblings and Ages/Grades:

Does your child have special interests?

What do you perceive as your child's academic and other strengths?

Does your child have any particular fears?

If you would like, you may add more information on the back. Anything that you feel is important for me to know is always valued.