

## Questionnaire for Mount Evelyn Primary School Students, 2020

It would be greatly appreciated if you could fill out this questionnaire and bring this sheet along to share during the Getting to know you Conferences on Tuesday 18<sup>th</sup> February

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's names:

\_\_\_\_\_

1. Use 3 words to describe your child:

\_\_\_\_\_

2. What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

3. What are your child's areas of improvement? \_\_\_\_\_

\_\_\_\_\_

4. How do you feel your child will cope this year? \_\_\_\_\_

\_\_\_\_\_

5. What goals do you have for your child this year? \_\_\_\_\_

\_\_\_\_\_

6. How would you describe your child's temperament? (eg shy, confident, quiet, boisterous, friendly etc) \_\_\_\_\_

\_\_\_\_\_

7. How does your child express his/her feelings of anger or frustration? \_\_\_\_\_

\_\_\_\_\_

8. How does your child interact with his/her peers? (eg reserved, organises everyone etc) \_\_\_\_\_

9 Does your child have any fears? (eg animals, getting hands dirty etc) \_\_\_\_\_

10. What sorts of activities is your child most interested in outside of school?

11. Are there any medical concerns? \_\_\_\_\_

12. Family details (any special circumstances, family members, names for grandparents etc) \_\_\_\_\_

13. Child lives with (please circle all that apply)

Both parents

One parent:

mother

father

Other \_\_\_\_\_

14. Do you have any concerns that you would like to share? If so please feel free to share additional information about your child you think would be helpful below \_\_\_\_\_

Thank you for the information you have shared. We look forward to a wonderful partnership in your child's learning. Level 3/4 Team