

Student Information Survey

Student's Name _____ Nickname (if any) _____

Name/Relationship of Person Completing Survey _____/_____

Family Information

Please list siblings and ages: _____

Who does the student live with? (Circle all that apply)

Mother Father Stepmother Stepfather Grandmother Grandfather Aunt Uncle

Other Household Members: _____

Do you have any pets at home? Explain: _____

Would you like to share any information regarding religious background and/or holidays celebrated (or not celebrated)?



Medical Information

Is your child supposed to be wearing glasses? _____ For reading or board work? (circle)

If your child IS supposed to be wearing glasses, will he or she have them at school? _____

If not, please explain: _____

Describe any medical/physical conditions and food/medicine allergies your child has:

Additional Information

What can I as a teacher do to help your child be successful this year?

On the back of this paper, please write a few sentences or paragraphs to tell me more about your child. Include any of the following, or anything else you feel would help me get to know your child better:

- ◆ Feelings about reading, math, or other subjects
- ◆ Study habits
- ◆ Your child's social skills and how they relate to other children
- ◆ Situations at home that may influence learning (loss of pet, divorce, death of a family member or friend, new baby in the family, etc.)
- ◆ Concerns or worries that you may have concerning your child's education

