Grades 1-4 Parent Questionnaire

Child Name ____________________________________________    Date _________________________________

Parent Name ___________________________________________    Grade Applying to ______________________

Please answer the following questions:

What are your child’s areas of strength?

What are your child’s interests?

What goals do you have for your child as he or she enters a new school? Please consider goals pertaining to social relationships, emotional well-being, and academic growth.

What questions or concerns do you have about your child starting a new school?

Does you child have any fears or worries we should know about?

Please share any other information you think would better equip us to meet the needs of your family. We look forward to getting to know you and your child!