

**Primary Prep Elementary &
Middle School
Parent Survey**

Student's Name _____ DOB _____

Address _____ Telephone # _____

Parent/ Guardian's Name _____

List your child's strengths (abilities, interests) academically and socially:
What has your child learned this year (in and outside of school)?
Name all activities that your child is involved in at school and outside of school:
What do you feel helps your child learn?
List any goals that you may have for your child:
List any concerns or questions:
Parent's signature _____