

# 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

Does your child have access to a computer or the internet at home? Explain: \_\_\_\_\_

\_\_\_\_\_

What can I do in my role as a teacher to help your child experience success this year?

\_\_\_\_\_

\_\_\_\_\_

On the back of this paper, please write me a letter to tell me more about your child. To keep the information confidential, you may return this form in a sealed envelope or email the letter portion to me at \_\_\_\_\_. Please include any of the following, or anything else you feel would help me get to know your child better:

- ◆ Study habits and/or feelings about reading, math, or other subjects
- ◆ Your child's social skills and how they relate to other children or family members
- ◆ Situations at home that may influence learning (recent move, 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

