

## Student Information Survey



Directions: Please complete this survey and return it as soon as possible. If the information is confidential, you may want to place it in an envelope and seal it before returning it. Thanks!

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
- ◆ How you feel I can best help your child

