September 5, 2017

Dear Parents and Families,

Welcome to Room 103! I am eager to work with you and your child this year. I would like to acknowledge that you are your child’s first teacher/s. Please allow me to become your partner in supporting your child’s growth. Even though I will only be spending three school years with your child, I would like to give my best effort to get to know him/her so that my contribution will last a lifetime.

I urge you to share with me some insight that I will need to know about your child. Please answer the following questions as thoroughly as you can. This information will help me support and teach your child in a safe and appropriate environment that s/he can thrive.

Thank you for your cooperation. I am excited to a wonderful partnership!

Sincerely,

Caitlin Reusche
Please return this survey to Ms. Reusche on or before Friday, September 8th. Thank you!

Child’s Name:  
____________________________________________________________________________

Birthday: ____________________________  Nickname: ____________________________

Siblings Name/Age:  
______________________________________________________________________

Parent’s Names: ______________________________  Occupation: ____________________________

Family ethnicity background (optional):  Mother ________________  Father ________________

Child’s primary language ___________________  Languages spoken at home ________________

Guardian’s Name: ______________________________  Occupation: ____________________________

Address: __________________________________________________________________________

Phone Number: ____________________________

Email: __________________________________________________________________________

Best way to communicate:  PHONE   EMAIL   OTHER  ____________________________

How your child will be transported after school:  
____________________________________________________________________________
1. Does your child:
   ● read at home? How frequent?
     _____________________________________________________
   ● have play dates? With whom? How often?
     _____________________________________________________
   ● nap? How frequent? How long?
     _____________________________________________________
   ● love to play? What kind of toys/games?
     _____________________________________________________
   ● have extracurricular activities? What are they?
     _____________________________________________________
   ● have access to a computer/ internet outside of the school setting?
     __________________
   ● have any allergies or health issues? Please state.
     __________________

2. What do you consider your child’s strengths and accomplishments? (Positive Attitude of self)

3. What activities does your child enjoy and feel proud of? (Interests and Talents)

3. What are some responsibilities does your child have outside of the school setting? (After School work, Home Chores, Volunteering, etc.)
4. What do you consider is your child’s challenges?

5. How does your child feel about these challenges or failure? How does your child recover from it? (Persistence)

6. Name several people that will be your child’s support regarding homework and projects at home. (Home support)

7. How do you think your child learn best? For example, listening to instructions, watching someone else model, seeing pictures, observing others, etc. (Learning Style)
8. What are your academic goals for your child? What are your behavioral goals for your child? (Parent goals)

9. Is there anything in your child’s home life that might affect his/her learning this year? (If you are willing to share but not comfortable listing this down, please come see me in person.)

10. Is there anything else that you think will be helpful for me to know as your child’s teacher? (Open ended invitation to share optional info)

11. Are you interested in volunteering in our class or school community? Please share your talents or ideal opportunities that you would like to help out.