Family Survey

The Basics:

Student Name:

Parent(s)/Guardian(s) Names & Contact Information:

\*\*Please fill out the information and check which means of contact you prefer

**Parent 1:** Relation to Student:

Home: Cell:

Work: Other:

e-mail:

**Parent 2:** Relation to Student:

Home: Cell:

Work: Other:

e-mail:

Important Information!

Does your student have any medical conditions, medications, allergies, or necessary seating arrangements I should know about?

Does your student have daily access to a computer **and** the internet? Yes No

Goals**:**

What would you like to see different for and from your student this year?

What is something your student is really good at/passionate about? (Does not have to be related to school).

Feedback**:**

What activities does your student participate in outside of school? About how much time a week is spent doing each of these activities (ex. Soccer – 1hr a day)?

What are some things teachers have done in the past that have been beneficial for your student?

What does your student reaching and embodying their full potential look like to you?

Please use this space to tell me anything else you would like me to know (optional):

Thank you so much for helping me to know your student and your family better. I look forward to working together to make this an amazing year for all of us! ☺

Sincerely,

Mrs. K’tanaw Hirsch

Name Date

Student Survey

**Please answer all questions honestly and in complete sentences where necessary. Thank you!**

1. How old are you? 2. When is your birthday?

3. Name you want to be called in class:

4. Do you have any brothers or sisters who go to this school? (circle) Yes No

If yes, please list their names, grades, and teacher.

 Name Grade Teacher

5. Do you participate (or plan to participate) in any of the following after school activities? Check all that apply.

 Band Cheer Choir Sports Theater

6. What after school activities do you participate in outside of Calibre Academy? Check all that apply.

 Boy Scouts Girl Scouts Theater Dance/Gymnastics Sports

Other:

7. What is your favorite thing to learn about in school? Why?

8. What do you think it means to be part of CAPP?

9. Finish the sentence:

* “This year in school, I want to… .”
* “On the weekends, I like to… .”

10. What is your favorite:

* Book?
* Movie and/or TV Show?
* Hobby?
* Musician/Band?

11. Is there anything else you want me to know about you? (Anything, from “I’m shy” to “I have bad eyesight and I need to sit at the front of the room to see.”)

13. If you had a ticket to travel anywhere in the world, where would you go and who would you take with you? Why?

14. You’re in middle school! What does this mean to you? What are you excited about? What might you be a little nervous about?

15. Tell me a story about something that happened to you this summer. This story can be non-fiction (real) or fiction (made-up). *Use a separate sheet of paper if you run out of room.*

  **Thank you for helping me get to know you even better!!**