

FAMILY/CHILD BACKGROUND INFORMATION

Enrollment Family Survey



Child's Name: _____ Date: _____

1. What are your child's favorite activities?
2. Is English your child's second language? If so, are there any words you think would be helpful for us to know in your language?
3. What are your child's greatest strengths/challenges?

Social:

Academic:
4. What would you most like us to know about your child?

Achievements:

Concerns:
5. What, if any, health conditions does your child have that require classroom modifications?

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