

# Parent/Student Survey


## To Assist the Teachers(s) in Planning for Instruction

Student \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Please respond to the following and return to your core teacher.

### For Student Response

Check boxes that apply.

<p>How do you like to demonstrate what you know?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> writing about it</li> <li><input type="checkbox"/> drawing or using art</li> <li><input type="checkbox"/> speaking or telling</li> <li><input type="checkbox"/> demonstrating</li> </ul>	<p>When you get new information do you</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Like to get all the information at once</li> <li><input type="checkbox"/> Like to get the information in steps</li> </ul>
<p>When you learn new things, do you prefer to</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> picture in your mind</li> <li><input type="checkbox"/> draw or doodle</li> <li><input type="checkbox"/> take notes</li> <li><input type="checkbox"/> discuss with others</li> <li><input type="checkbox"/> write down the steps</li> </ul>	<p>Do you enjoy working on projects:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alone</li> <li><input type="checkbox"/> In groups with students with similar ideas/interest</li> <li><input type="checkbox"/> In groups with students who have different ideas/interests</li> </ul>
<p>I prefer reading</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fiction</li> <li><input type="checkbox"/> Non-fiction</li> <li><input type="checkbox"/> Both equally</li> </ul>	<p>Books or authors I enjoy reading:</p> <div style="text-align: right;">  </div> <hr/> <p>Topics I enjoy reading:</p>
<p>I am most excited about learning when my teacher(s)</p>	
<p>This is an example of a project I enjoyed:</p>	
<p>My favorite topic of study is:</p>	
<p>I feel challenged in school when:</p>	
<p>An example of an experience where I felt challenged:</p>	

Turn over for items specific to parents.

Parent Response

What is your child's area(s) of strength or area(s) of intense interest?

How far above grade level do you believe your child is capable of working?

Describe a classroom activity or project where your child was able to reach his/her own learning potential?

Other Information about my child I would like the school to know: