

ELEMENTARY FAMILY SURVEY

Student: _____ Teacher: _____ Date: _____

PLEASE RETURN THIS TO YOUR CHILD'S TEACHER AS SOON AS POSSIBLE!

LEARNING STYLE:

1. Does your child learn best by doing, hearing, seeing, or being read to?
2. What are your child's strengths?
3. What are your concerns for your child?
4. What do you do to help your child in his/her studies?

ACTIVITIES:

1. When your child is really engaged in an activity, what other activities are going on around him/her? Also, how does noise levels affect your child?
2. What does your child do outside of school? (for example, sports, CBJ community teams, dancing, other activities that are specific to your family or community)
3. Is your child more comfortable with people of one culture or another?
4. Does your child behave differently with people from one culture than another? If so, how?

FAMILY:

1. What is your family's home culture?
2. Does anyone in your family teach your child about your family's culture? (by telling stories, sharing dance or art, for example)

3. How well does your child know extended family members?

4. How often does your child visit with extended family?

LANGUAGE:

1. Does your child use words or short sentences or singsongs in a language besides English?

2. What languages are spoken at your house?

3. If family members use a language besides English at home, how well does your child understand it?

4. Would your child respond to simple requests or commands in a language besides English? If so, what language?