Please fill in and return to your child’s teacher by Friday 14th February.

Student’s Name: ________________________  Preferred name (if different) ________________________

Name & relationship of person completing this survey: ________________________

**Family Information:**
Please list the student’s siblings (brothers and sisters); first and last names and their ages:

________________________________________  

________________________________________

Who does the student live with? (Circle all that apply)
Mother  Father  Stepmother  Stepfather  Grandmother  Grandfather  Aunt  Uncle  Foster Parent/s  Other household members:

Is there any information you would like to share regarding religious background and/or holidays that are celebrated (or not celebrated)?
__________________________________________________________________________________________

**Medical Information:**

Does your child wear glasses?  ______________  For reading or board work? (circle)
If your child does wear glasses will he or she have them at school?  ______________
If not, is there a specific reason for this?  ____________________________________________

Describe any medical/physical conditions and food/medicine allergies your child has:
__________________________________________________________________________________________

__________________________________________________________________________________________

**General:**

Please list your child’s interests, hobbies or out of school activities:
__________________________________________________________________________________________

__________________________________________________________________________________________

What do you see as your child’s strengths?
__________________________________________________________________________________________

What is your child’s perception of his/her strengths, needs, self-esteem and confidence?
__________________________________________________________________________________________

What is your child’s perception of school?
__________________________________________________________________________________________

What goal/s would you like to see your child achieve at school this year?
__________________________________________________________________________________________

__________________________________________________________________________________________

Please list any concerns or additional information that you would like to include.
__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________