

Third Grade Questionnaire

Please bring supplies and questionnaire to conference

Student's name: _____ Nickname: _____

What are your child's favorite school activities? (check all that apply)

- | | | |
|----------------------------------------|-----------------------------------------|--------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Science | <input type="checkbox"/> Music |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Art |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Math | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Others: _____ | | |

How would you describe your child? (check all that apply)

- | | | |
|----------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Serious | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Quiet | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Others: _____ | | |

Have there been any changes during the past year that would affect your child's school performance?

Are there things that I should know that will help me understand your child's needs? (For example: health, discipline, out-of-school activities, etc.) _____

What do you feel is the most important thing the school can do for your child this year?

Best time to contact you _____ Telephone: _____

E-mail: _____

Additional comments: _____

Parent's Signature

Thank you for your help!
Mrs. Hill
Mrs. Crippin