

Parents Questionnaire for Ms. Graham's Math 7
Fall 2003

Please fill out each item in the questionnaire to help me better understand you and your student. All of this information is private and I will be the only one to see the answers.

Student Name: _____

Student Address 1: _____

Address 2: _____

Parent(s) and Guardian(s) Name(s). Please list first and last. _____

Student Birthday: _____

Has mathematics been a positive or negative subject in the past for your student? Please Explain.

What other mathematics teachers have your child taken from the past? Who was their teacher?

What are some things about your student that have helped them succeed in their schoolwork?

What are some things that your child enjoys doing? Please check all that apply.

Reading ___

Writing ___

Mathematics ___

Art ___

Working in a group ___

Working alone ___

Sports ___ Please list _____

Music ___ Please list _____

Clubs ___ Please list _____

Other ___ Please list _____

Student IEP? Yes or NO

Any comments? _____

Does your student have access to a computer outside of school? Yes or No? _____

How about the Internet? Yes or No? _____

What is the best way to reach you? _____

If it is by phone can I leave a detailed message? _____

Can I reach you by email? Yes or No? _____

If so what is your email address? _____

Do you have a web page? Yes or No? _____ If so what is it? _____

Do you have any other questions or concerns about mathematics class this year?
