Dear Middle School Parents and Students,

The following are two questionnaires— one to be filled out by parents and one to be filled out by students. Please hand in both completed questionnaires to Rabbi Nagel on the first day of school. These forms will be shared amongst all of the Middle School teachers. We ask that you complete these questionnaires even if you have filled them out in past years. As we all grow and change, it is helpful for the teachers to have current information in order help ensure a successful year.

We look forward to a wonderful year of growth and learning together!

-The Middle School Teachers
STUDENT QUESTIONNAIRE

Name_______________________

What do you like about school?
________________________________________________________________________

Why do you like it?
________________________________________________________________________

What do you dislike about school?
________________________________________________________________________

Why do you dislike it?
________________________________________________________________________

What do you like to do when you’re not in school?
________________________________________________________________________

What is something that scares you? Why?
________________________________________________________________________

What is something that makes you happy? Why?
________________________________________________________________________

What do you want to be when you grow up? Why?
________________________________________________________________________

What do you want to do and learn in school this year?
________________________________________________________________________

What is your favorite subject in school? Why?
________________________________________________________________________

What is your least favorite subject in school? Why?
________________________________________________________________________

What is something that you really want me to know about you?
________________________________________________________________________

What is a question that you would like to ask me about this coming year?
________________________________________________________________________
Parent Questionnaire

All information contained in this questionnaire will be held in the strictest confidence. It is for our use as we prepare to work with your child. This is optional, however the more information you can provide us with, the better prepared we are to begin the new year with your child. Please use the back of the paper if you need to.  Mrs. Garland

Student Name:_______________________________________________________

1. Has your child had any significant medical problems or history that we should be aware of?

2. What is your child’s general attitude toward school?

3. What are your child’s favorite activities?

4. What have you observed to be frustrating to your child? (Subjects, learning style, etc.)

5. In what areas does your child excel? What does he/she do best?

6. How does your child relate to other children?

7. How cooperative is he/she at home?

8. How does your child relate to adults?

9. What areas of concern, if any, have previous teachers discussed with you?

10. Are there any other factors that you feel have significantly influenced your child’s progress in school?

11. Do you have special concerns about your child’s educational or behavioral progress?

12. When homework entails internet or wordprocessing and printing, how accessible are these for your child?

13. Please make any comments here.