



# Getting to Know Your Child Parent Survey



Your child's full name:

---

How is your child feeling about school?

---

What are their strengths and interests?

---

---

---

What things do you want your child's teacher to know about them?

---

---

---

---

What are things your child might need help with?

---

---

---

---



By completing this form, it will help us to support your child, as they starting their first year of school!

