

Family Input Questionnaire

Name of student: _____ Grade in Sept. 2009 _____

Nickname (if any): _____

Name of child's teacher (and school) last year: _____

1. What instructional methods, techniques or learning experiences have worked for your child? What hasn't worked? _____

2. In your opinion, what are your child's greatest strengths?

	Strength	Challenge
Academic		
Social/Emotional		

