

Parent/Student Open House Questionnaire



Parent name _____ Date _____

Student Name _____

1. *What types of activities does your child enjoy?* _____
2. *How would you describe your child's attitude toward school?* _____
3. *What skills and subject areas are the strongest for your child?* _____
4. *What skills and subject areas does your child need to work on?* _____
5. *Does your child enjoy reading? Why or why not?* _____



Student name _____ Date _____

Parent Name _____

1. *What is your favorite activity to do at school?* _____
2. *What is your favorite activity to do at home?* _____
3. *What would you like to learn more about?* _____
4. *If you had free time, which of the following would you choose to do? (circle one)*
read a book draw a picture play outside watch TV
5. *What rule do you think we need in our classroom so that everyone is treated with respect?*
