

Family Survey

Please return this survey to the teacher before September 9!

Your child's name: _____

Your name: _____

Partner's name (if applicable): _____

1. What is the best way to contact you? (Put a star next to your preferred method.)

Email _____ (email address)

Written note

Phone call _____ (number)

Text Message _____ (number)

2. What language do you prefer for communication?

English Spanish Both English and Spanish Other (please state) _____

3. Would you prefer to receive the classroom newsletter via email or printed copy? (choose one)

Email address _____ Printed copy

4. Would you like to learn more about volunteer opportunities this year? _____

5. Is there anything that you would like me to know about you, your family, or your child?
