

## Tell us about your child

Welcome to César E. Chávez Elementary School. We want to make the transition for your child as smooth as possible and are asking you to complete this survey and return it to the office with your registration packet. Please feel free to write on a separate sheet of paper if more room is needed. *Thank you for your help.*

Child's name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Transportation method to get to school? \_\_\_\_\_ Transportation method to get home? \_\_\_\_\_

What is your preferred method of communication (email, phone, text)? \_\_\_\_\_

Other children in the family? Please list names, ages, and the school they attend.

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of other people that live in the home, and relationship to your child.

Name	Relationship to your child
_____	_____
_____	_____

What are your child's interests, hobbies, favorite activities?

\_\_\_\_\_  
\_\_\_\_\_

What does your child like best about school?

\_\_\_\_\_  
\_\_\_\_\_

Favorite school subjects:

\_\_\_\_\_

What did you like about the last school your child attended?

\_\_\_\_\_  
\_\_\_\_\_

What kind of activities do you do together as a family?

\_\_\_\_\_  
\_\_\_\_\_

Does your family celebrate holidays, birthdays?

\_\_\_\_\_

What concerns do you have about your child academically?

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What are your child's strengths?

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I would like my child's teacher to be aware of these special learning needs and/or concerns:

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Do you have any home concerns that may influence your child's performance at school?

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Are there any attendance or behavior concerns that we need to know about?

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Did your child receive any special services at their previous school (IEP, Behavior Plan, TAG, Speech, 504, ELD, etc.)?

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Are there any health concerns?

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What are your hopes and dreams for your child?

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Is there anything else you would like to share about your child or your family?

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