

Parent Survey

First and Last Name of Child

Name of Parent/Guardian Completing Survey

Home Address: _____

Phone Numbers: Home () _____ Work () _____ Cell () _____

E-mail Address: _____

1. How would you describe your child's attitude toward Math?
2. What are your child's strengths in Math (multiplication, division, problem solving, etc.)?
3. What are your child's weaknesses in Math?
4. Do you feel confident in your ability to help your child with Math homework? Please explain.
5. Is there anyone else at home that can help your child with Math homework?
6. What is your preferred method of communication (circle one)? e-mail phone
7. Please use the space below and/or back of this page to list anything else you would like me to know about your child.