

Beginning of the Year Questionnaire for Families (with post COVID-19 questions)

Note for educators: Below are recommended questions to establish a relationship with families and encourage two-way communication. Edit this survey to fit the needs of your community and classroom. Remember: brevity is best. Only include the questions that you believe will best inform your relationship with your students and families. Bolded & italicized script should especially be edited.

Insert Teacher Welcome Statement Here. Below is a recommended script.

Welcome to the **2020-21** school year! In order to help me best serve your student and family, please answer the following questions. This information will remain confidential. Feel free to omit any information you do not feel comfortable providing or add anything that you would like me to know. I appreciate you taking the time to provide me with this helpful information. I am excited to get to know you and your family, and I look forward to working with you this year!

1. What is the most important thing I should know about your child?

2. What do you see as your child's greatest strength?

3. What is your preferred method of communication? **(edit to include communications that are appropriate for your school and classroom)**

- | | |
|---|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> School website or app (specify the app used) |
| <input type="checkbox"/> Phone call | <input type="checkbox"/> Social media sites (Facebook, Twitter, Instagram) |
| <input type="checkbox"/> Text message | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Note home | |
| <input type="checkbox"/> Classroom website or app (specify the app used) | |

4. My child learns best while working...

- Independently In small groups In whole group

5. Does your child have any fears I should be aware of?

- Yes, please specify: _____
 No

6. What is the best way to motivate your child?

- Attention & praise from teacher
 Social acknowledgement or time with peers
 Tangible items

7. Do you have any concerns about your child's behavioral or academic development?

- Yes, please specify: _____
 No

COVID-19 Specific Questions:

8. What did a typical day look like for your child during the stay at home orders? (Who cared for your child? What type of activities did your child do? Where did they stay during the day?)

9. Did your family experience significant hardship during the stay at home orders? Mark all that apply:

- | | |
|--|--|
| <input type="checkbox"/> COVID-19 related illness in family | <input type="checkbox"/> Job loss |
| <input type="checkbox"/> Illness in family unrelated to COVID-19 | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Other, specify if you like: _____ |

10. Have you noticed any changes in your child’s behavior since before the school closures? Mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Anxiety or fears | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Issues sleeping |
| <input type="checkbox"/> Acting out | <input type="checkbox"/> Other, specify if you like: _____ |
| <input type="checkbox"/> Sadness | |

11. Do you have reliable internet access at home?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> Never |

12. Does your child have an electronic device that could be used for schoolwork in the event of another school closure?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

13. Is there anything else that you would like to tell me about your child or your family?
