Date ____________________

Dear ____________________,

My teacher’s name is ____________________.

Two of my classmates’ names are ____________________.

What I like best about my classroom is ____________________.

This year I want to learn ____________________.

Today in class I ____________________.

My trip to school was ____________________.

Love,

[Signature]

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 SURVEY

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?

[Signature]