

# Family Survey

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What are your child's favorite things?

Color:

Snack:

Toy/Game/App:

Music:

Book:

Movie:

TV Show:

What are your child's strengths?

What does your child enjoy doing outside of school with your family?

What would you like for your child to learn to do to increase their independence at home?

What concerns do you have for your child (e.g., academics, behavior, social skills)?

Other things you want us to know about your child: