

Parent Questionnaire

Davis Community School

Child's name: _____

Your name: _____

1. What are some of your child's greatest strengths and skills? Feel free to include examples of times when you see your child demonstrating these skills.
2. What is your child curious or passionate about?
3. How does your child feel about school? How do they view themselves as a learner?
4. By the conclusion of this school year, what do you hope your child says about their school experience? What is the story you hope they will tell?

