Parent/Child Survey

Child’s Name: _______________________________     Age: __________________

1. What are your child’s favorite toys or games? (include inside and outside activities)

2. What are your child’s favorite books?

3. How often do you read to your child?

4. How much time does your child spend watching TV or playing video games daily?

5. What are your child’s strengths?

6. What activities are difficult for your child?

7. Any other information to help me get to know your child?

Parent Signature: _______________________________     Date: _______________

These materials were developed under a grant awarded by the Michigan Department of Education