# 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!

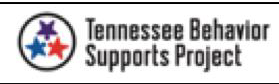
1. What is the most important thing I should know about your child?
2. What do you see as your child’s greatest strength?
3. What is your preferred method of communication? ***(edit to include communications that are appropriate for your school and classroom)***
   * Email
   * Phone call
   * Text message
   * Note home

## Classroom website or app (specify the app used)

* + School website or app

## (specify the app used)

* + Social media sites (Facebook, Twitter, Instagram)
  + Other, please specify:



1. My child learns best while working…
   * Independently  In small groups  In whole group
2. Does your child have any fears I should be aware of?
   * Yes, please specify:
   * No
3. What is the best way to motivate your child?
   * Attention & praise from teacher
   * Social acknowledgement or time with peers
   * Tangible items
4. Do you have any concerns about your child’s behavioral or academic development?
   * Yes, please specify:
   * No

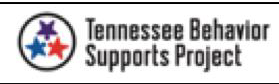
# COVID-19 Specific Questions:

1. 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?)
2. Did your family experience significant hardship during the stay at home orders? Mark all that apply:
   * COVID-19 related illness in family
   * Illness in family unrelated to COVID-19
   * Death in family
   * Job loss
   * Relocation
   * Other, specify if you like:
3. Have you noticed any changes in your child’s behavior since before the school closures? Mark all that apply:
   * Anxiety or fears
   * Anger
   * Acting out
   * Sadness
   * Fatigue
   * Issues sleeping
   * Other, specify if you like:

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1. Do you have reliable internet access at home?
   * Always
   * Most of the time

* Sometimes
* Never



1. Does your child have an electronic device that could be used for schoolwork in the event of another school closure?
   * Yes  No
2. Is there anything else that you would like to tell me about your child or your family?