

SOAR21 Parent Survey

Child's Name: _____

Home Address: _____

Your Name: _____ Relationship: _____

Cell #: _____

E-mail: _____

Name: _____ Relationship: _____

Cell #: _____

E-mail: _____

What is the best way to reach you at home?

What type of technology is available to your child at home? (Circle all that apply.)

Desktop Laptop iPad/Tablet iPhone iPod Touch

Digital Camera Television Adult Use Only None

Does your child have Internet access at home? Yes or No

If I asked the students to access technology or the Internet for an assignment, would you allow them to complete the assignment at home? Yes or No

What are your child's strengths? Please explain.

What are 3-5 adjectives to describe your child?

What social or emotional characteristics would you like me to know about your child?
(outgoing, introverted, self-confident, shy, perfectionist, sensitive, etc.)

What topic(s) does your child become absorbed or truly involved in?

What are your child's interests outside of school?

What are your goals for your child in the SOAR21 Program this year? Are there any other goals you have for them?

Any other comments or concerns? _____