



# AVONDALE GRAMMAR SCHOOL

## STUDENT SURVEY FORM

Name: \_\_\_\_\_ Level:  Date: *dd / mmm / yyyy* \_\_\_\_\_

*Please underline surname*

**Dear Parent**

**As you are your child's first and best teacher, we would like your perception of your child as a learner. Thank you for your help!**

1. What subjects does your child enjoy studying the most?

\_\_\_\_\_

2. What are your child's interests/hobbies/talents/activities?

\_\_\_\_\_

3. What types of activities do you like to do together as a family?

\_\_\_\_\_

4. Does your child do any drawing or writing at home? If so, how often and what types?

\_\_\_\_\_

5. Do you have any other comments or information which could help us to understand your child's needs?

\_\_\_\_\_

6. What are some other things you would like us to know about your child?

\_\_\_\_\_