## **Primary Program Parent Survey\***

\*To be completed by a parent or guardian

	Child's Name	_Grade	School				
	Completed By	_ Relationship to	Child	Date			
	Please read the items below and circle t	he number that b	est describes y	your child's be	havior:		
	:	3 - Quite Often 2 - Sometimes 1 - Seldom/Neve	r				
1.	My child often remembers things and c Example: Your child sees a movie and remembering things even you did not.	_			3	2	1
2.	My child usually needs to be shown on Example: Your child shows you how to demonstration in the store.	•	•	fter a brief	3	2	1
3.	My child sometimes surprises me with Example: Your child recalls information using advanced vocabulary.	-	-	ular subject	3	2	1
4.	My child keeps working at a task even Examples: Your child continues to work make it fly.		•	ort to	3	2	1
5.	Your child communicates in a variety of examples, and words) to get the point a		guage, gesture	es, pictures,	3	2	1
6.	My child readily applies information lea Example: Your child finds objects that le	•		uation.	3	2	1
7.	My child constantly asks, "Why?" and of Example: "Why is there hail in the sum TV work?", "Why does the microwave r	mer?"; "Why is th	ie sky blue?"; F	•	3	2	1
8.	My child suggests imaginative ways of impractical. Example: "We could bring kitchen floor."	0 0			3	2	1

Thank you for your time and input!

