

September 7, 2016

Dear Parent/Guardian,

Please help me become a partner with you in your child's education. I want to do all that I can to support your child this school year in order to help their reading and writing skills grow. As a teacher, I want to make a contribution to your child's learning that lasts a lifetime.

I know my teaching must begin with making your child feel supported in my classroom. In order to do this, I would love to learn about your child so that I can create a collaborative learning community made up of unique individuals, each with his or her own learning styles, interests, and hopes for the future.

Would you please help me get to know your child better by taking a moment to complete the First Day Parent Survey? What are your child's strengths? How do they learn best? What are your goals and dreams for your child's future? What are your child's interests? What do you wish I knew about your child? I want to know how your child thinks and learns best so that I can help them have a successful school year.

Please feel free to contact me throughout the school year to communicate about your child's progress. The quickest and easiest way to contact me is via email at [sbeverly@philasd.org](mailto:sbeverly@philasd.org). Later this year, we can also stay in contact using Google Classroom and/or Class Dojo. More information coming soon!

I look forward to reading your responses from the First Day Parent Survey!

Sincerely,

Mrs. Beverly  
7<sup>th</sup> Grade Reading & Writing Teacher  
The Lea School

FIRST DAY PARENT SURVEY PLEASE RETURN THIS SHEET TO MRS. BEVERLY BY THURSDAY, SEPTEMBER 8 TH Please answer the questions below in the language you fee the most comfortable writing in. I want to make this as easy as possible for you!

I have read Mrs. Beverly’s “Welcome to 7<sup>th</sup> Grade English” syllabus. As a student, I will work to meet our class expectations. As a parent/guardian, I agree to help support my child meet class expectations. I am aware of my child’s homework and schoolwork responsibilities.

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Student’s Name \_\_\_\_\_

Student’s Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Guardian Phone Number \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Does your child have Internet access at home? \_\_\_\_\_

1. Please describe your child’s strengths. What are they good at? Why?

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2. How do they learn best? What do they need to be successful and why?

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3. What are your goals and dreams for your child’s future?

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4. What is your child interested in learning more about? What hobbies do they enjoy?

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5. What do you wish I knew about you, your family, or your child?

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