

Family Values Survey Form

Dear Families,

Please take the time to answer the questions below to help us individualize instruction for your child. We will take this information and use it to better inform curriculum and varied teaching strategies in our classrooms. Thank-you!

Child's Name _____ Classroom _____

1. Please number and prioritize 3 (three) out of the following curriculum areas that you most value in your child's educational experience. Add comments in those chosen areas to help us prioritize and individualize our classroom experiences. *(1-3, 1 = most value)*

___ Academic

___ Social Acceptance/Friendships

___ Health/Safety

___ Self Concept/Self Esteem

___ Self Control/Self Management

___ Inclusion and Diversity (My child and children of all levels of abilities play together and learn from each other.)

Adapted from: Fox & Williams 1989

Please answer the following questions:

2. My child's **strengths** are: *(and how I would like that enhanced in the classroom)*

My child's **needs** are: *(i.e. daily nap, self-regulation skills & how addressed in the classroom)*

My child's **interests** are: *(i.e. trains, taking apart objects)*

3. I would like to see my child specifically improve skills in the following areas:

Academics:

Social/Emotional:

Physical Development:

Language:

4. I would like the teacher to know this about my child:

This is how my child likes to be comforted:

5. We celebrate the following holidays during the year--and this is how we celebrate:

(i.e. food, music, dress, activities):

6. This is my family language, heritage, and the tradition/customs we celebrate:

(notify teacher if willing to share):

The primary language spoken at home is _____

7. As a family, I would like the following additional support: *(i.e. parenting topics)*

8. For family of child with a disability: It is very important to me that my child get this accommodation/support in the classroom on a daily basis: