

# BACK TO SCHOOL QUESTIONNAIRE

Your preferred name(s): \_\_\_\_\_

Your child's preferred name/nickname: \_\_\_\_\_

What is your preference for communicating with school personnel regarding your child's progress?

- Telephone (please include number): \_\_\_\_\_
- Email (please include email address): \_\_\_\_\_
- Messaging app (e.g., Bloomz, Remind, etc.)
- Other: \_\_\_\_\_

What is the most effective way for your child to communicate with others?

- Spoken language
- Written language
- Gestural/sign language
- Augmentative/alternative communication system/device
- Combination of the above (please provide a brief description): \_\_\_\_\_

What goals do you and your child have for this school year? \_\_\_\_\_

What skills are a priority for your child to work on this school year? Feel free to share additional information for each applicable area:

- Language/communication: \_\_\_\_\_
- Academic skills: \_\_\_\_\_
- Social skills: \_\_\_\_\_
- Routines: \_\_\_\_\_
- Self-determination/independence: \_\_\_\_\_
- Other: \_\_\_\_\_

What routines might be challenging for your child, as we head into this school year? \_\_\_\_\_

What items/activities are the most motivating or interesting to your child? \_\_\_\_\_

What comforts your child when they seem frustrated or upset? \_\_\_\_\_

What accommodation or supports can I provide that will help your child better adapt to changes and transitions? \_\_\_\_\_

How can our school support your child's access to inclusive settings? \_\_\_\_\_

Please describe 2-3 characteristics of an educator that will help your child be successful at school: \_\_\_\_\_