

Mathematics Questionnaire

Child's Name _____ Class/Grade _____

Parent's Name _____ Home # _____ Work # _____

Parent's Name _____ Home # _____ Work # _____

E-mail address (please provide a **single address** where I should send any correspondence)

Second e-mail address (for 2-household families only please)

Does your child have access to a computer at home? _____

1. Does your child have any health concerns of which I should be aware? Does your child wear glasses?

2. In which areas has your child experienced success in mathematics?

3. In which areas has your child experienced difficulty in mathematics?

4. Is there a special concern (e.g., attitudes, self-esteem) that you would like to share with me that would help me to know your child better?

5. Any other comments, suggestions, or pertinent information?

Thank you for taking the time to complete the questionnaire.

Mr. Lafrance ☺