

## Family Values Survey

Dear IVNS Families,

Please take the time to answer the questions below to help us individualize instruction for your child. Please return the form to school with the rest of your registration paperwork.

Thank you!

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

1. My child's strengths and interests are:
  
2. My child's needs are:
  
3. I would like the teachers to know this about my child:
  
4. I feel my child has progressed in the following ways over the past 12 months:
  
5. I would like to see my child specifically improve skills in the following areas:
  
6. Our family celebrates the following holidays during the year:
  
7. This is our family heritage, and the traditions/customs we celebrate:
  
8. We would appreciate it if our child is *not* exposed to specific holidays/traditions while at school. These holidays/traditions are: