

##

## Family Culture Survey

*Thank you for taking the time to fill this out. It helps tremendously!*

Child's name/nicknames \_\_\_\_\_

Your name \_\_\_\_\_

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

E-mail \_\_\_\_\_



*Preferred way to communicate*

Call between \_\_ and \_\_.  E-mail  Text  Notes sent home

Preferred person or persons to communicate with in regards to student:

\_\_\_\_\_

**(Circle Choice)** Our family is more likely to attend a classroom event if it happens in the morning, afternoon, evening, or on the weekend.

My child has permission to celebrate, make crafts, or participate in activities at school related to a variety of holidays and cultures. **Yes** or **No**

Our family celebrates:

\_\_\_\_\_

Events or holidays that may be sensitive for my child include (ex. Birthdays/Mother's Day/Father's Day):

\_\_\_\_\_

1. Who is important in your child's life? What is their relationship to this student?

Please list the ages and school of siblings. Include special family pets.

\_\_\_\_\_  
\_\_\_\_\_

2. What does your family do or would you like your family to be able to do for fun?

\_\_\_\_\_  
\_\_\_\_\_

3. Are there any hobbies or cultural traditions that you would like to share with your child's class?

\_\_\_\_\_