Little Rock Christian Academy Learner Services Family Survey

Please reflect on these questions as a family and respond as honestly as possible. This information will enable us to make appropriate responses to help your child reach her/his potential. Please return to Dr. Margo Turner margo.turner@littlerockchristian.com or PO Box 17450 LR AR 72222-7450. Thank you!

Name: Child's name: Teacher: Date:

1. 5 words that best describe your child:

2. 2 or 3 things your child is naturally "good" at:

3. 2 or 3 things your child has difficulty with:

4. Briefly describe your child's physical development including health – ear infections, etc :

5. Briefly describe your child's academic experiences:

6. Hours per week your child is in front of a screen (TV, video game, computer, texting):

7. Extra-curricular experiences of your child outside of school, including hobbies, exercise, last book read by choice:

8. Briefly describe your child's nutrition as well as past or current medications:

9. Your expectations for those servicing your child at LRCA:

10. Your role in enabling your child to reach maximum potential academically:

Best ways to contact you: