

Parent Survey

Parent(s) Name(s) _____

Child's Name _____

1. How would you prefer to be contacted?

- E-mail
- Phone
- E-mail or Phone (Doesn't matter.)

2. Do you have access to Parent Portal?

- Yes
- No

3. How do you plan on staying informed? (Check all that apply.)

- Mrs. McCreadie's Remind App
- Mrs. McCreadie's website
- Parent Portal
- Other: _____

4. Please provide any comments regarding your child that you would like me to be aware of. Thank you!
