

CPMath 2 Student/Parent Survey
Mrs. Manfredi, Room 28

Name: _____
Period: _____ Date _____

Email: pmanfredi@orcutt-schools.net

Voicemail: 938-8628

Please fill out this survey **with a parent** and return it to school. It is important that you answer all of these questions honestly.

Do you have access to a computer at home? yes no Internet? Yes No

Do you have a nickname? What do you like to be called? _____

Please answer in **COMPLETE** sentences:

Is there anyone in our class that you would prefer **NOT** to be grouped with? (Limit two names)

Is there someone you work well with and would like to sit near? (Limit of two names)

Where did you go to elementary school? Who was your teacher?

What is the hardest math topic for you? (ex: fractions, decimals, etc.)

To the Parent:

If you have any questions please contact me and I will respond as quickly as I can. I cannot emphasize enough how important your participation is to your child's success at school. On the other side of this paper, please take a moment to tell me about your child and any special concerns you might have.

Please sign and have your child return this top sheet to the teacher by **Monday, 8/20**.

When you sign this you are acknowledging that you have also read and gone over the attached course description and discipline plan with your child.

_____ Parent email: _____