

Parent/Guardian Confidential Questionnaire

Child's Name _____

Parent/Guardian Name(s) _____

Phone number(s) at which you may be reached:

_____ home work cell

_____ home work cell

_____ home work cell

Email address _____

(Email is the most efficient way for me to communicate with you regarding your child)

Siblings:

Name _____ Grade/Teacher _____

Name _____ Grade/Teacher _____

Name _____ Grade/Teacher _____

Is there anything you would like me to know? _____

In order to increase your child's reading abilities, it is imperative that they not only read the literature we are focusing on as a class, but that they also read independently on a daily basis. As a result your child may be checking out books from my classroom library. I have a variety of novels written about numerous topics and geared toward a wide array of ages.

In order to avoid any conflicts regarding your child's independent reading I am asking that you choose one of the options below.

____ I give my consent for my child to read novels found in Ms. Hester's classroom library, **without** previewing them.

____ I would like to preview any novel my child is going to read from Ms. Hester's classroom library.