

Parent Assessment VMMS

Student Name: _____
(Last)
(First)
(Middle)

| <i>Instructions: Please check only one box. Additional comments may be written on a separate sheet.</i> | Always | Usually | Sometimes | Never | Additional Explanation(s) |
|---|--------|---------|-----------|-------|---------------------------|
| Does your child try to show his/her best work on class assignments, tests and projects? | | | | | |
| Does your child turn in homework and outside projects on time? | | | | | |
| Does your child complete homework and class projects to the best of his/her ability? | | | | | |
| Does your child understand new ideas easily? | | | | | |
| Does your child try to find out more about some things they learn in school? | | | | | |
| Does your child like to read outside of school? | | | | | |
| Does he/she like learning new things? | | | | | |
| Does he/she consider them to be organized? | | | | | |
| Does he/she do their homework without being told? | | | | | |
| Do they seek out opportunities to help individuals/groups in his/her neighborhood/community? | | | | | |
| Do you believe he/she is a good student academically? | | | | | |
| Does he/she have trouble getting homework done because of outside commitments (soccer, church, etc.)? | | | | | |

Please comment on how you believe your student will adjust to middle school:

What other things would you like us to know about your student:

 Parent/Guardian (Please Print)

 Parent/Guardian Signature