

Child's name: \_\_\_\_\_ Person completing survey: \_\_\_\_\_ Date: \_\_\_\_\_

### **Math Course or MAYL Support Parent Survey**

Please take a few minutes to complete this page. Your input, combined with the results of your child's math assessment(s), helps us to better tailor our instruction to the needs of your child.

1. I am registering my child for \_\_\_\_\_ (list class/es)
2. What do you hope your child will accomplish during their math classes at *One Spark Academy*?  
Are there specific learning objectives, such as placement in a particular course next year?
3. What are your child's greatest strengths in math?
4. What, if any, are problem areas for your child in math?
5. What level would you say your child is currently working on in math? Be as specific as possible.
6. What is your child's attitude toward math? Explain.
7. Are you registered (or planning to register) through an independent study provider? If so, which one? If not, are there other sources you are using to maintain a core curriculum plan?
8. Do you have a math curriculum that you are planning to use with your child (if not already provided in one of our directed math courses, or in addition to)? If so, which one, and what level?