



BROOKHURST INTERNATIONAL SCHOOL

Offering British National Curriculum (Year 4-13)

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“Getting to Know Your Child” Parent/Guardian Questionnaire:

Your Name: _____ Occupation: _____

Relationship: _____ Date: _____

Child's/Student's Name: _____ Grade: _____

Parents: To know your child better, and to help us create a more positive, inclusive, and safe classroom environment for your child, please complete the sections below. (Complete a separate form for each child.)

Section I: Learning Styles and Classroom Environment:

A. Describe your child's best learning styles (visual - looking, reading, watching; auditory - listening and talking; tactile/kinesthetic - touch, movement, doing):

B. Describe your child's special strengths and weaknesses (social, artistic, academic):

C. Describe any special student needs regarding classroom environment (room set up, hearing/seeing needs):

Section II: Student Activities:

A. List (and describe) your child's after-school activities (organized sports, music, etc.)
