

Homework Survey: to be completed by parent or guardian

Name of Student: _____ Date: _____

Directions: Please answer each of the questions below in terms of your child's homework habits and return the form to me.

ITEM	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
My child writes down all of his or her homework assignments.					
My child brings the homework planner or recorded assignments home.					
My child brings home the books or materials needed to complete the day's homework assignments.					
My child knows and understands the assignment(s).					
Knows when the assignments are due.					
Starts homework without reminding or nagging.					
Completes the homework without parent sitting with him or her.					
If you have to help your child with homework or supervise your child to make sure the homework gets done, how much time are you spending each day with your child on homework?					
How much time does student usually spend doing homework each day?					
How often do you fight with your child about homework?					
Use the back of this page to let me know any concerns you have about your child's ability to complete their homework. If your child is on medication or has a condition that affects his or her ability to do homework, please let me know.					