

**End of the Year
PARENT QUESTIONNAIRE**

Please RETURN this sheet to your child's French teacher.

Name of student _____

How do you think your child's life has been enhanced by taking French?

How do you see your child using French later in his/her education and later in life?

What activities have you provided for your student or intend to provide that will support his or her learning of French?

Comments: _____

Parent signature

Merci beaucoup!