

About My Child

Child's Name: _____ **Parent(s) Name:** _____

Please answer the questions that follow and return the information sheet on the first day of school. The information you provide can help me help your child learn. I value what you know about your child and look forward to working together to meet your child's needs.



Please identify your child's strong points.



Please describe any areas of concern or in need of attention.



What are your child's interests and hobbies?



My child: (Please select the one that describes your child best):

_____ likes writing & reading

_____ enjoys music

_____ is interested in patterns,
categories and relationships

_____ is a leader and understands others' feelings

_____ is athletic

_____ is shy and self motivated

_____ is fascinated by mazes and/or jigsaw puzzles _____ is good at crafts



Do you have any suggestions to help your child learn?



Goals for my child include:



When is the best time to call you? (Please include a telephone number):



Are you interested in being a part of a phone/email chain? YES NO

If yes, please provide an accessible telephone number & email address.



Thank you for taking the time to complete this survey. It will remain strictly confidential.