

Student and Family Information

Parent Name(s) _____

Child's Name _____

Child's Class (Day, Time, Location) _____

How would you describe your child?

Does your child have any special interests? (ie. dinosaurs, bugs, painting)

How does your child feel about coming to school?

What are your expectations for your child this school year?

Are there any special health, medical concerns or allergies you want us to be aware of?

Are there any special situations/concerns you would like us to be aware of (i.e. speech, development, behavior)?

What method of communication works best for you? (ie. phone call, email, snail mail, in person)

Thank you!