

STUDENT INFORMATION

Student Name: _____

Address: _____

Medical Concerns/Allergies: _____

Siblings: _____

Are there any holidays your child does not celebrate?

How does your child get home? _____

Parent Name: _____

Cell Number: _____

Work Number: _____

E-mail: _____

When is the best time to contact you? _____

Parent Name: _____

Cell Number: _____

Work Number: _____

E-mail: _____

When is the best time to contact you? _____

Emergency Contact: _____

PARENT QUESTIONNAIRE

1. What are some of your child's strengths? _____

2. What areas do you think your child needs to work on? _____

3. What does your child like to do on the weekends?

4. Does your child enjoy coming to school? _____

5. What kind of books does your child like to read or look at? _____

6. What motivates your child to learn? _____

7. What are your expectations for me as a teacher?

8. Is there anything else about your child I should know? _____

