

Please complete this form about your child and send it back to school. This will help me get to know your child better. Thank you!

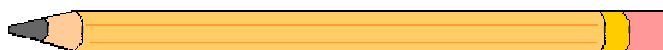
Child's Name: _____

Name of Parents/Guardians: _____

Sibling Names and Ages: _____

(If a sibling attends our school, please list his/her teacher's name as well.)

Phone Numbers/Email Addresses: _____



My child is academically good at _____

My child needs help with _____

My child likes to _____

Academically, I would like to see my child work on _____

Socially, I would like to see my child work on _____

Anything else I should know about your child? _____
