

My Child as a Learner

Child's Name _____
Parent/Guardian _____



1. What activities does your child enjoy doing in their spare time? _____

2. What are a few of your child's strengths at school? _____



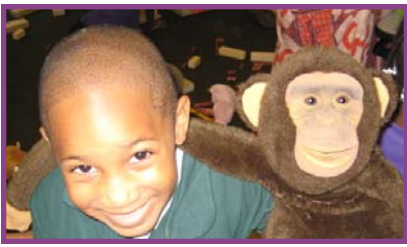
3. What are some things that your child struggles with at school? _____

4. What are your hopes and dreams for your child this school year? _____

5. Are there any events, past or present, that may affect your child's social or emotional state at school, that you think we should be aware of or that the child may bring up that we should be sensitive to? (i.e.. death of family member, divorce/break-up, move, illness, new baby...)







Child's Name _____
 Parent/Guardian _____

Please print the names of family members below:

Family living in the house:

Other family members your child may want to write to or about:

Please tell me how you would prefer to be contacted :

1. ____ phone call ____ day ____ cell: _____
 ____ evening ____ home: _____
 ____ work: _____

2. ____ note
 3. ____ E-mail: _____

Additional comments: _____

