

Tell Me About Your Child

Child's Name		Birthday	
Parent's Name		Parent's Name	
Home Phone Cell Phone		Home Phone Cell Phone	
Email		Email	

My child's interests or hobbies:

My child's strengths:

Areas needing improvement:

My child's favorite subject(s) is:

My child approaches learning...

_____ with excitement _____ with confidence _____ with reluctance

_____ with curiosity _____ with anxiety _____ without interest

Home Languages:

Goals for my child this year:

Medical information:

Changes in home situation:

Where does your child go after school? i.e: YMCA, day care, home

_____ Phone #: _____

Questions or concerns:
