

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

What are your child's initial impressions of the school year?

Several of my child's strengths are...

I am so proud of my child because...

Several of my child's hobbies and interests are...

Together our family enjoys...

Special interests and hobbies we have as parents are...

Concerns I have about my child are...

A goal I have for my child this year is...