

Date: _____

Child's Name: _____

Child's Age: _____

Last Year's Class: _____

Birthdate: _____

1. Describe your child's personality (Preferences, strengths, challenges, etc.)
2. Has your child's health history changed since last year (Newly diagnosed health conditions, allergies, sleep or eating habits, special needs, etc.)? Yes No
If yes, please provide details.
3. In what ways have you seen growth in your child since he/she since the start of last year? (Independence, interest, sociability, academic or physical skills, etc.)
4. What are your goals for your child for this school year?
5. What is your approach to discipline at this time?
6. Please detail any unusual circumstances involving your child or any family situation we need to be aware of.

Feel free to attach any additional comments.

Parent / Guardian Name_____
Date