Getting to Know Your Child

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dear Parents and families,

We are looking forward to getting to know your child this and would appreciate your help. After all, who knows your child better than you? Your perception is a valuable resource. The more we know and understand about your child, the more effective we can be as a team. Would you please complete this questionnaire about your child and return it to us as soon as possible? Feel free to use the back of this page to tell us more, if needed.
 Thank you,
 5th Grade Dual Immersion Team

Names and ages of siblings living at home (including pets):

Personal characteristics (describe your child’s personality):

Areas of strength:

Areas for improvement in academics and socio-emotional:

Health concerns (Epi-pen, asthma, allergies, etc.):

Anything else that you believe is important for us to know:

Parent(s) e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best number to be reached during school day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_