

**CHILD'S NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's primary caregiver(s) & relationship:

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Other household members:

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Contact person #1 name & phone number:

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Contact person #2 name & phone number:

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## **QUESTIONS about your student**

1. Is your student excited or anxious for school to start?
2. What calms your student?
3. How does your student learn best?
4. What motivates your student?
5. What are your student's strengths?
6. Do you have any specific concerns about your child?  
(academic, behavioral, social, medical)
7. What are 2 goals you would like to set for your student this year?
8. How will I know your child is struggling?
9. What strategies or accommodations are helpful?
10. What are strategies that are NOT helpful when your child is struggling?

On the back of this page in a million words or less, tell me any further information you would like to share with me about your student!