Getting	to	Know	Your	Chil	d

Dear Parent; Please fill out the following questionnaire an	d return it to	o my office.
1. Child's name	_Day	_Grade
2. I'd describe my son/daughter as		
3. One important thing for you to know abou	t my son/dau	ighter is:
4. His/her strengths include		
5. His/her weaknesses include		·
6. Does your child have an IEP in school? Explain reason		
7. What hopes or goals do you have for your year?		Ed. this
8. How can we help you help your child in lear faith?		
Feel free to use the back of this page for ar information you'd like to share. Thank you!	ny additional	comments or
Parent signature	Date	