

## What You Need To Know About My Child!

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

My child's most and least favorite subjects in school:

My child's most and least favorite things to read about:

Favorite things to do for fun/motivators:

Some things that are difficult or stressful for my child are:

My child has the following after school activities or community events these days and times:

My child normally does homework from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM.

My child normally reads from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

I/we work the following days and times:

If I/we are not home, my child is with:

My child's biggest strengths are:

My concerns about my child are:

My hopes/goals for my child are:

One thing my child wants you to know is:

