

ALL ABOUT ★ YOUR CHILD ★

Student name: _____

Nickname: _____

Allergies/Medical concerns: _____

Child's favorite things/activities:

What kinds of rewards/reinforcements work best with your child?

Are there any holidays your family does not celebrate? If so, please list them here:

What areas does your child excel in?

What are your goals for your child this year?

What are the top 3 things you want me to know about your child?

1. _____

2. _____

3. _____