

Please bring this information sheet to your child's Goal Setting Meeting to guide our discussion. Remember, YOUR FAMILY will lead our meeting!

Basic Information

Child's Name:

Birthday:

Parents' or Guardians' Names:

E-mail address:

Home Address:

Phone Numbers:

Home

Work

Cell

Other

Allergies:

Will your child attend daily Adventure Club? yes/no

Will your child attend daily breakfast at school? yes/no

Does your child receive any outside services (speech therapy, physical/occupational therapy, counseling, etc.)?

Does your child wear glasses or have difficulty hearing?

What languages are spoken at home?

What expectations do you have of me as your child's teacher?

List three things that you think your child needs from our school:

What other information about your child should I be aware of in order to best help him/her succeed?

My hopes and dreams for my child's academic learning this year are:

My hopes and dreams for my child's social development this year are: