Child’s first and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Your name:

What is your email address?

What is the best phone number to reach you at?

What is the best way to contact you?

Questionnaire:

1. What learning experiences have been most successful for your child?
2. What learning experiences have been most challenging for your child?
3. What activities does your child enjoy doing outside of school?
4. What activities does your family enjoy together?

1. What type of books does your child enjoy reading?
2. Do you have any particular concerns about this school year or your child’s needs?