**Please help me get to know your child in 3V – EAST ELEM. SCHOOL**

I know these forms can be tedious. I do find them helpful at the start of the year to learn about your child and family. The more I know about my students, the easier it is for me to help meet their needs. Answers can be just listed. This form is completely voluntary. If you don’t feel comfortable answering a question, just skip it. Please return this to me as soon as possible. Your child can bring it the first day of school. Thank you for your time.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also send me your email to bvernon@hinghamschools.org to place on distribution list

1. Please list **all** the **people (adults and children)** living in your child’s household – you do not have to list the student in 3V

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| --- | --- |
| **NAME** | **RELATIONSHIP and GRADE IF IN SCHOOL** |
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1. Does your child speak or understand a language other than English? \_\_\_\_\_\_\_\_\_\_\_

 If so, what language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you believe are your child’s major strengths?
2. Tell me about your child’s interests and after-school activities.
3. Describe your child’s feelings about school.
4. Has your child had any difficulties with classmate interaction in the classroom or on the playground?
5. Does your child have any concerns with learning? Do you feel the child has any problems learning?
6. Any family events or changes that may affect learning or create emotional concerns?
7. How do YOU feel the teacher can best help your child this year?
8. Is there anything else you think your child would like the teacher to know about him/her?
9. Please feel free to include any suggestions or comments.

These questions were answered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date