Parent/Guardian Information Sheet

| Child's Name | _ |
|---|-------------------|
| Address | |
| Mother's Name | |
| Home phone | Cell Phone |
| Work phone | Email |
| Father's Name | |
| Home phone | Cell Phone |
| Work phone | Email |
| What are your child's strengths? What qualities/characteristics/talents do you s | ee in your child? |
| What motivates your child? | |
| List your child's interests and hobbies. | |

| What do you and your child enjoy doing together? |
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| What upsets or causes distress for your child? |
| |
| Offer any tips or suggestions that might help us help your child learn. |
| What special needs (academic, social, personal) does your child have? |
| What goals do you have for your child this year? |
| What else do you want us to know about you or your child? |
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