PARENTAL/FAMILY INPUT

Child's Name: _______________________________________________________________________

Parent’s/Guardian’s Name: _______________________________________________________________________

1. What does my child think about school?

2. What do I visualize my daughter or son doing in ten or fifteen years?

3. What are my child’s needs?

4. Some words I would use to describe my child are _______________,
   ________________, and ________________.

5. What are my child’s favorite things to do?

6. What are my pet peeves about my child’s school?

7. What do I like about my child’s class?

8. My areas of expertise are ________________, ________________, and I am available to talk to my child’s class on ________________.

9. I’d like to volunteer to help ________________, ________________.

10. Contact me at
    E-mail: _______________________________________________________________________
    Telephone: Home ________________ Work ________________ Cell phone ________________
    Home Address: ___________________________________________________________________