
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: _____

