PARENTAL/FAMILY INPUT

Child's Name:

Parent's/Guardian's Name: _____

I. What does my cl	d think about school?
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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 _____,

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 ______ .

_____, 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:			

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