

Introducing...

Grade/Teacher _____

Support your student's educational success by sharing valuable information with teaching staff so your student has a pleasant and positive school experience.

Name: _____ **DOB:** _____ **Male** **Female**

Parents/Guardian: (name, address, email, and best phone number)

Mother : _____

Father: _____

Guardian: _____

Child's Disability: _____ **IEP** **504**

My child is at his/her best in **Morning** **Afternoon** for learning core academics.

My child's opinion of school is: **FUN!** **loves to be challenged** **stressed**

When my child is excelling, he/she: **likes** **dislikes** recognition.

My child likes the recognition: **privately** **shared with everyone!**

As a parent/guardian, I would prefer my child: **receive** **not receive** treats as a reward.

When there are consequences to behavior/actions in classroom, my child responds best to:

redirection **removal from situation.**

Other information that may benefit you as you get to know my child:

As a parent/guardian who is active in my child's education I share this information with you confidentially. If you have any questions or would like to discuss anything further, I encourage you to contact me by phone morning afternoon evening anytime.

Information released to teacher name _____ **on date** _____

Parent/Guardian signature _____ **date** _____

RETURN COMPLETED FORM TO BUILDING PRINCIPAL OR SECRETARY