

Dear \_\_\_\_\_ ,

As your child's teacher, I want to get to know you and your child better. To provide the best support, I want to draw on strategies that have worked in the past in school and at home. I will use the information to make school more engaging for your child.

Please answer the questions below. You may write your answers and send this sheet back to me.

If you prefer to talk in person or by phone, I'd be glad to set up an appointment. Thank you in advance for allowing me to learn from you.

Warm regards,

**Your name(s) as you prefer to be called:** \_\_\_\_\_

**Your child's name and/or preferred nickname:** \_\_\_\_\_

**How do you prefer to communicate (by email, phone call, or a note home)?**  
\_\_\_\_\_

**What goals do you have for your child this year? What are your child's goals?**  
\_\_\_\_\_  
\_\_\_\_\_

**What dreams do you have for your child's future? What are your child's dreams?**  
\_\_\_\_\_  
\_\_\_\_\_

**What motivates your child to do his or her best work?**  
\_\_\_\_\_  
\_\_\_\_\_

**When is it easiest for your child to pay attention? When is it hardest?**  
\_\_\_\_\_  
\_\_\_\_\_

**How does your child feel about school in general?**  
\_\_\_\_\_  
\_\_\_\_\_

**When does your child learn best? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> When seated near the teacher                          | <input type="checkbox"/> When provided with an outline to follow when taking class notes |
| <input type="checkbox"/> When allowed physical movement during a lesson        | <input type="checkbox"/> When assigned work that's broken down into manageable chunks    |
| <input type="checkbox"/> When given extra time to organize his or her thoughts | <input type="checkbox"/> When given clear directions that are repeated and clarified     |
| <input type="checkbox"/> Other: _____  |  |

**What makes learning easier for your child? What makes it more difficult?**

---

---

**What comforts your child when he or she is frustrated, anxious, or upset?**

---

---

**Are there other adults – at home, at school, or in the community – your child turns to for support?**

---

---

**Describe three qualities of a teacher who will help your child succeed in school.**

---

---

**What are some ways we can work together to help your child?**

---

---

**Is there anything else you'd like to add?**

---

---

---