

Back-to-school update

My child's name: _____ My name: _____

My email and/or phone: _____

Last year's school experience

Last year, my child (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Made friends | <input type="checkbox"/> Worked independently | <input type="checkbox"/> Had a mostly positive experience |
| <input type="checkbox"/> Struggled socially | <input type="checkbox"/> Needed support | <input type="checkbox"/> Had a mostly negative experience |
| <input type="checkbox"/> Other: _____ | | |

Strategies that helped my child learn: _____

Other comments? Questions? _____

Strengths and challenges

My child is good at or enjoys (reading, science, art, etc.) _____

My child needs help or has a hard time with _____

Last year, my child struggled with (check all that apply):

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Frustration | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Feeling sad or depressed |
| <input type="checkbox"/> Following rules | <input type="checkbox"/> Focus | <input type="checkbox"/> Talking to teachers | |
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Other: _____ | | |

Other comments? Questions? _____

Other things to know

It's important for my child's teacher to be aware that

Other comments? Questions? _____
