

GETTING TO KNOW YOU – INFORMATION FOR YOUR CHILD’S CLASS TEACHER

Please complete and give to your child’s 2018 Class teacher at your earliest convenience prior to interviews.

Child’s Name: _____ 2018 Year level: _____

Parents preferred name: _____ Parents preferred name: _____

How is your child’s general health and wellbeing? Do they take regular medication?	
What are your child’s main interests?	
What do you regard as your child’s main strengths?	
Are there any areas in which you feel your child needs extra support?	
Does your child have any special skills, abilities or talents? Please provide details.	
Does your child enjoy a challenge? If so, what type of challenge?	
Does your child have any health issues relevant to his/her learning or the classroom environment?	
What is your child’s cultural background? Does your child speak another language at home? If so, please provide details.	
Please outline any before/after school activities in which your child participates.	
Do you have any other relevant information that you think is important for your child’s teacher?	

Signed: _____

Date: _____