

# 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**