

Parent-Teacher Partnership

Name_____

Nickname_____

Mother's name_____ Day phone_____

Father's name_____ Day phone_____

Home phone_____ Cell phone_____

How will your child arrive to school?_____

How will your child depart from school?_____

What strengths and areas of weaknesses have you observed in your child's reading skills?

Writing/Spelling skills?

Math skills?

How often does your child choose to read at home?

What motivates your child to do his/her best?

What upsets your child?

(Please turn over)

On a scale of 1-10, how would you rate your child's study habits? _____
What study skills does your child need to develop (neatness, timeliness, assignment completion, etc.)?

Are there any personal or health concerns (allergies, headaches, vision, hearing, meds., etc.) I should know about?

What are your child's special interests and out of school activities?

Are there any learning/social situations that are particularly difficult for your child?

How would you like to see your child grow in his/her faith?

Are there any other comments that would be beneficial in getting to know your child better?

Thanks for taking the time to answer these questions. I look forward to seeing you at Back to School Night to present curriculum and classroom expectations.