

GETTING TO KNOW OUR STUDENTS

Class: _____

Child's Name: _____ Child's Preferred Name: _____	Does your child have any siblings? Y or N If at this school, what class? _____	What are your child's interests outside of school?
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Are there any behavioural, medical or social concerns? (glasses, allergies, speech therapy, etc)

What do you believe are your child's strengths?

If you were to describe your child in three words... 1. _____ 2. _____ 3. _____	What does your child find challenging at school?
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What short or long term goals would your child like to achieve in 2022?

1. _____

2. _____

Travel Arrangements					
<small>(Parent/Carer Pick Up, Sibling Pick Up, Walkers, Bikes/ Scooters, Kiss and Drop, Kiss and Pick up, Bus, Kids United, Little Giants, Exceed)</small>					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Is there anything else you would like for us to know about your child?

Please contact the school if you would like to make an appointment to speak with your child's teacher.