

Back-to-School Update

My child's name: _____ My name: _____

My email and/or phone number: _____

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 mostly positive experience |
| <input type="checkbox"/> Struggled socially | <input type="checkbox"/> Needed support | <input type="checkbox"/> Had 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? _____
