

Child's Name: _____

My child feels success when:



My child needs help with:

My child enjoys:

My child does not like:

Academically, I would like to see my child:

Socially, I would like to see my child:

Anything else?

Please feel free to use the back of this sheet. THANK YOU for returning the form as soon as possible. Thanks so much!

Mrs. R.

retzinga@wilmette.org

ROOM 114

