

# STUDENT PROFILE

As we begin a new school year and your child enters a new class, we would like you to share some information to help your child's teacher work more effectively with your child. Please fill out the questions below and on the back. You may mail your responses back to the school or simply bring them with you to *Meet the Teachers Night* on September 10 at 7:00 p.m. We are looking forward to partnering with you in the education of your child this year!

Student Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Any physical needs, allergies (food, bees stings, seasonal, etc.): \_\_\_\_\_

**Peer relationships:** Explain how your child interacts with classmates ...

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**Behavior:** Any difficulties in the past ...

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Most effective method of discipline (isolation, loss of privilege, etc.)

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**Emotional:** Any fears ... needs extra encouragement

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**Spiritual Development:** Resistant/open to spiritual issues ... like to pray ... has personal quiet time at home ... other spiritual involvement (Awana, Sunday School, etc.) Does your child regularly attend church on Sundays? If yes, which one?

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**Home circumstances** that could affect classroom learning/behavior (new baby, loss of family member, recent move, divorce, unemployment, chronic/severe illness, etc.):

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**TURN OVER →**

**Academic strengths:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic weaknesses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list **two goals** you would like to see your child reach this year:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**  
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**TURN OVER →**