

Parent Inventory

Please fill out this form with as much information as you are willing to share in order to make our year the most successful yet!

Student Name: _____ Birthday: _____

Parent(s) Name(s): _____

E-mail(s): _____

Phone #(s): _____

Time of day to best reach you: _____

How does your child feel about school?

How does your child learn best?

What is the biggest motivator for your child?

What is your favorite trait/characteristic about your child?

What are your expectations for our school year together?

Thanks so much for your interest in your child's education.