

Parent Information Sheet - Beginning of Year - 2019

Please complete the information below and return to your child's teacher before your assigned meeting.

Child's Name: **Class:**

Siblings at OLG: _____ **Class:** _____

_____ **Class:** _____

_____ **Class:** _____

Over the last year, has your child had any additional support outside of school? e.g. speech, occupational therapy, psychology, tutoring.

What are your child's strength and weaknesses in their learning?

What goals (academic, social or wellbeing) would you like to see your child work towards achieving this year?

What are your child's particular strengths as a person?

Is there anything else you feel is important for us know about your child?