



“Getting to Know You”

Thank you for taking the time to complete this prior to our meeting.

Please bring this along with you to your meeting.



Student Name _____ (preferred name) Year level _____

Student and Family Information

Family information:

After school pick up arrangements

Monday	Tuesday	Wednesday	Thursday	Friday

Left handed / Right handed (*please circle*)

Glasses Yes / No (*please circle*)

How would you describe your child?

Does your child have any worries or fears and how best can the school support them if this occurs?

How does your child react when upset or angry? What are some strategies you use to help your child that we can implement at school?

Does your child have any particular strengths, interests or hobbies that I should know about?

Do you have any concerns about a particular area of your child's learning? How can we work together to support your child?

What are your main hopes for your child this year at school?

Are you aware of any factors that might impact on your child's learning (eg. eyesight, hearing etc.)?

Notes/Other useful information