



Cardinal Ridge Elementary Student/Parent Information 2018-2019

Student Name: _____

Nickname: _____

Parent Names: _____

Home Phone: _____

Cell Phone(s): _____

Work Phone: _____

Email addresses: _____

What do you see as your child's areas of strength?

What do you see as your child's areas of challenge?

What are your child's hobbies outside of school?

Describe how you think your child learns best.

What goals do you have for your child this school year?

What are your child's feelings towards school? Please list his/her favorite subject area?

What allergies or medical conditions does your child have that school staff should be aware of?

Does your child have any fears that we should be aware of (i.e. storms, dark)?

Socially, my child:

_____ has friends

_____ can be shy

_____ is outgoing

_____ has trouble making friends

Other:

My child lives at home with (siblings, parents, other family members):

Is there any additional information about your child that you would like your child's teacher to know?