

Student Information Sheet

Dear Parent,

Please take a minute to complete this questionnaire to help me learn more about your student. I have included a sheet on myself to help you learn more about me.

Thank you in advance for your help and support this year,

Deanna Solomon

Student's Full Name : _____

Preferred name/nickname for use in school : _____

My child's strengths : _____

My child's weaknesses : _____

My child's attitude towards school : _____

My child's attitude towards Latin Class : _____

Topics I am most concerned about this year include:

- | | |
|-----------------------------|--|
| _____ work habits at school | _____ self control |
| _____ listening/attention | _____ relationships with friends at school |
| _____ study habits at home | _____ relationships with other friends |
| _____ respect for others | _____ skill level in _____ |
| _____ other _____ | _____ other _____ |

Number of hours my child spent on homework per school night last year: _____

Number of hours my child spent on homework per weekend night last year: _____

Amount of time per night I plan to help my child study Latin this year: _____

My child's hobbies and interests include: _____

Things Mrs. Solomon should know about my child include: _____