

PARENT FILLS OUT: (Student fills out reverse)

Student's Name: _____ Grade _____

We realize how important the communication between parents and teachers is to the success of your child. Your thoughts and input are very helpful to us.

What special talents does your child have?

What do you find to be your child's strengths?

Are there areas with which you feel your child struggles?

What do you feel is the most important aspect of your child's education?

Is there anything specific you wish your child to learn this year?

Do you have any other questions, concerns or thoughts you'd like to share?

Printed Name(s) _____

Parent Signature(s) _____ Date _____

STUDENT FILLS OUT:

To help you plan your year, please answer the following questions for us.

What special talents do you have?

What would you like to do better?

What do you already know a lot about?

What would you like to know more about?

With which of the Montessori materials are you most interested in getting a new lesson?

What are you looking forward to in school?

Do you have any worries or concerns about school?

Do you like to read?

What are your favorite books?

What would you most like us to know about you?

Printed Name _____

Student Signature _____ Date _____

(RETURN TO ELEMENTARY GUIDES)