

Individual Learning Information

Please tell us how your child learns and if you have any particular information that would help us to make your child's learning experience here more successful. All information will be kept confidential and only those teachers who work directly with your child will see this information.

Child's name: _____

- Does your child have an IEP in public school? ____yes ____no
If yes – may we have a copy to give to the teachers. ____yes ____no
- Does your child have any special learning needs? ____yes ____no
If yes, please tell us about them. _____

- Does your child have any special behavioral/social needs? ____ yes ____no
If yes, please tell us about them. _____

- Does your child need special seating in the classroom? ____yes ____no
If yes, where: near the ____front, ____back, ____middle?
- Is there anything we should know about your child's learning style? What works well? What does he/she have trouble with? _____

- How can we help your child have a successful year? _____

- Would you like to speak with me or your child's teacher before school begins?
____yes ____no Phone number and best time to reach you: _____
