

Parents, please give me some additional information about anything you think may affect your child's learning this year. I am also interested in knowing more about how your child learns and what his/her preferences are. Please fill out as much or as little as you think pertinent. Thank you.

Danna Hernandez

Child's Name:

Allergies, asthma, or other medical concerns:

Educational concerns:

Social or any other concerns which might affect your child or his/her learning:

How does your child learn the best?

What does he or she like to do with free time?

Does the student have any hobbies that really interest him or her?

Does your child prefer to play outside or stay in? (Circle one)

Does your child like to read?

Does your child like to do puzzles and games?

Anything else you would like me to know??