Parent/Guardian Insight Form

Step 3d

Purpose of this form: The purpose of this form is for our school-based team to learn more about your child as we all work together to plan for her/his success in school and beyond.

Student Name: Person Completing Form:

Grade: Date:

Directions: Please type or write your responses to the following questions and return to your child's teacher. Thank you for your time and support!

1. My child's **strengths** and **gifts** include:

2. What **activities** does your child most enjoy when not in school?:

3. What does your child's **daily routine** look like on school days? Non-school days?

4. When has your child experienced the **most success** in school?:

5. What are your child's **favorite/least favorite subjects**?

6. What, if any, concerns do you have for your child that you would like to share? For example, **academic, behavioral, or social concerns**.

7. Please share if your child **has or has had** an Individualized Education Plan (IEP)/(SEISP) or a 504 Plan.

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8. Please share if your child had a **previous diagnosis** of a neurodevelopmental disorder (e.g., Autism, ADHD)

9. Does your child receive **tutoring, counseling**, or **other support** outside of school?

10. What **academic/behavioral, and social goals** do you have for your child this year?