

| Child's Name:                                     | Parent/Carer Names: |
|---|---------------------|
|   |                     |
| Child's Class:                                    |                     |
|   |                     |
| Information About Your Child:                     |                     |
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|   |                     |
|   |                     |
|   |                     |
| Things Your Child Likes:                          |                     |
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|   |                     |
|   |                     |
| Things Your Child Dislikes:                       |                     |
|   |                     |
|   |                     |
| Children Character                                |                     |
| Child's Strengths:                                |                     |
|   |                     |
|   |                     |
| Your Child's Hobbies and Interests Out of School: |                     |
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|   |                     |
|   |                     |
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| Your Child Learns Best When                      |
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| Areas You Would Like Your Child to Improve In:   |
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| Your Hopes for the Year Ahead:                   |
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| Any Other Information You Would like Us to Know: |
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