

Getting to Know Your Child!



Theodore
Primary School

PLEASE COMPLETE AND RETURN THIS SHEET TO YOUR CHILD'S TEACHER BY
FRIDAY 23RD FEBRUARY 2024 or bring it with you to your child's interview in week 5 😊

Student's Name: _____ Class: _____

Does your child wear reading glasses? YES / NO

Siblings / Class

Name of Parents/Carers

Care Arrangements

What is your preferred contact method?

Email / Phone Call / SMS through SAS / In person

DOES YOUR CHILD ATTEND OUT OF SCHOOL

HOURS (OOSHC) CARE? YES / NO

IF YES – WHICH DAYS? (Circle or highlight)

Mon / Tues/ Wed/ Thurs/ Fri

Has your child accessed previous services or been involved in ...

(circle the ones that apply)

optometrist tonsils/adenoids/grommets hearing
speech therapy occupational therapy paediatrician
psychologist NDIS Other _____

Out of school activities

When is your child in their element?

Fears/Dislikes

Parent Aspirations for 2024 – What would you like your child to achieve?

Three words to describe your child

1. _____ 2. _____ 3. _____

Getting to Know Your Child! (For the kids)

What would you like your teacher to know about you?



What is something you can't do YET that you'd like to be able to do?

WHAT ARE YOU MOST CURIOUS ABOUT?
WHAT WOULD YOU LIKE TO LEARN MORE
ABOUT?

I am an EXPERT at...
I know a lot about...
I could teach someone else how
to....

