

## Sample Problem-Solving Process Home Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Members(s) Completing Form: \_\_\_\_\_

When is the best time for you to meet with school staff?

How is it best to communicate with you (email - please specify preferred address, telephone, written notes, in person?)?

What are your child's strengths and interests? (These can be at school or home, in academic or social areas.)

Do you have any academic or behavior concerns about your child? If so, please identify.

Please share any information about your child, which might be helpful in understanding his/her school life. Please comment on the following areas:

**Homework:**

**Previous School History (including any special programs):**

**Attitude About School:**

**Special Support Outside of School (tutoring, therapy etc):**

**Past or Present Medical Issues:**

**Other:**

What information/support/materials would be helpful to you in working with your child at home?

**Please share any other information which you think will be helpful in supporting your child's school success. Feel free to attach additional information and/or use the back of this sheet.**