**Parent/Guardian Information Sheet**

**Student Information**

Student’s First & Last Name:

Address:

**Parent/Guardian Information:**

First & Last Name:

Daytime Phone Number:

Evening Phone Number:

E-Mail Address:

First & Last Name:

Daytime Phone Number:

Evening Phone Number:

E-Mail Address:

Does your child wear glasses?

What are your child’s strengths?

What are some areas where your child tends to struggle?

What motivates your child?

What are your goals for your child this year?

Please share any other information I should know about your child. Thank you!