

Student Information Sheet

Student Name: _____ **Grade:** _____

Dear Parents/Guardians: The more we as teachers know about our students, the better we can meet their needs. Please take the time to answer the following questions, where applicable, and feel free to add any additional comments. Keep in mind that some of the questions may not apply to every age level. Please return this form to your child's teacher or the Church School Director. Thank You.

1. Does your child have any hearing or eye problems, that might necessitate them being either nearer the teacher or closer to the board? If yes, please explain.
2. Is your child on any kind of medication that might effect his/her behavior in Church School? If yes, please explain.
3. What are your child's favorite subjects in regular school?
4. What hobbies or sports does your child like to do? Does he/she sing in the school choir, or play in the band? Has he/she ever been in a school play?
5. In the case of a young child, (pre-school) give us an idea of the numbers that he/she can count to, or examples of the words he/she can read or write.
6. What is your child's favorite TV show? What kind of musical groups does he/she listen to? What is his/her favorite book that he/she has read or has had read to him/her?
7. Is your child involved in any of our Church's other activities for our youth, such as GOYA, Altar Server, Greek School etc.?
8. Please list additional comments, or concerns that you think will help your child's teacher, on the back of this page.