Back-to-school update

My child's name:	My name:	
My email and/or phone:		
Distance learning		
My child's experience with dis	tance learning last spring was (check all that apply):	
	anageable Done independently Engagin	ng
☐ Mostly negative☐ St☐ Other:		
Video lessons helped my child	learn. Yes No Not sure Other:	
Other comments? Questions?		
Strengths and challenges		
My child is good at or enjoys (r	eading, science, art, etc.)	
My child needs help or has a h	ard time with	
Challenging behaviors I've not	iced recently in my child (check all that apply):	
☐ Angry outbursts	☐ Worrying a lot ☐ Stomachaches ☐ Crying	
☐ Refusing to follow rules	\square Trouble focusing \square Headaches	
☐ Trouble wearing a mask	☐ Trouble sleeping ☐ Other:	
Other comments? Questions?		
		_
Recent events		
With all that's been happening	g recently, it's important for my child's teacher to be aware the	at
Other comments? Questions?		

