TELL ME ABOUT YOUR CHILD PARENT FORM

Strengths - Routines - Goals



Filled Example (Invented)

Child's name: Jordan (invented)

What we like to call them: Jordie

Parent or guardian name: Ana Reyes (invented)

Best way to reach you: Text after 4 pm

Favorite things

- trains and maps
- drawing with blue crayon

Strengths: what my child is good at

- remembers song words after one listen
- sets the table without being asked
- says hello first to new kids

What I am proud of

- finishing a whole drawing
- reading a book to the dog

Routine	Time	What usually happens
Morning	7 am	Toast, teeth with a timer, pick the backpack
Getting to school	8 am	Walk with a parent, count the crosswalk signs
After school	3 pm	Snack, then drawing for 20 minutes
Dinner	6 pm	Everyone sets the table, each person names one good thing
Bedtime	8 pm	One picture book, then lights out soon after





19 PAGES

EDITABLE PDF

Bright Path Sped

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Print at 100 percent

Turn off fit to page and shrink to fit. Print the family forms in black and white or in color; the lines are thick enough to copy well.

Keep family answers private

The forms, the response log and the family summary hold family names and answers. Keep them in your binder or on your desk. Follow your school's own rules for family information.

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PREVIEW

Welcome Letter

Type your name, room and return date. Then edit the letter in your own words.

Teacher name

Room

Please return the form by (date)

Letter to families

Dear families,

We are glad your child is joining our class. Before the first week, we would love to hear about your child from you, in your own words.

Please fill in the form on the next pages, or the quick card if your days are busy. There are no wrong answers, and you may skip any line.

Thank you for helping us get to know your child.

Signed (teacher name)

Important dates this year

Family night or open house

First day of school

Conference or family meeting

Translation line

Translation: language, and who translated this letter (leave blank if none)

PREVIEW

Our Daily Routines

Write a time or a few words for each part of the day. Skip any you do not have.

Routine	Time	What usually happens
Morning		
Getting to school		
After school		
Dinner		
Bedtime		
Weekends		

Anything else about our routine

PREVIEW

Our Hopes for the Year

Think about this school year. What would make it a good one for your child?

One thing I hope my child feels proud of this year

One thing I hope my child learns this year

One thing I would like the teacher to know

How I like to hear from school

☐ Note home ☐ Phone call ☐ Email ☐ Text message ☐ Meeting

Phone or email for school notes

Notes for the teacher

PREVIEW

About Your Child (Caregiver Version)

For a grandparent, relative or family friend who knows your child well. Share what you know, in your own words.

Name

Who I am to your child

Things your child enjoys

Strengths I have seen

Routines I know about

What helps

Our hope for the year

Best way to reach me

PREVIEW

Form Response Log

Log each family as you send and receive forms. Keep this page private.

Family or child's first name	Form sent	Form back	Follow-up needed

PREVIEW

Filled Example (Invented)

Jordan, Jordie, Ana Reyes and the Reyes family are invented. The answers are made up to show how a family form reads once it is filled in.

Child's name
Jordan (invented)

What we like to call them
Jordie

Parent or guardian name
Ana Reyes (invented)

Best way to reach you
Text after 4 pm

Favorite things

- trains and maps
- drawing with blue crayon

Strengths: what my child is good at

- remembers song words after one listen
- sets the table without being asked
- says hello first to new kids

What I am proud of

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Routine	Time	What usually happens
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Bedtime	8 pm	One picture book, then lights out soon after
Weekends	Varies	Park or library on Saturday morning

What helps

- a picture list of the day on the fridge
- a timer for each step of a task
- a choice between two options

Hopes for the year

- that Jordan feels proud of a finished project
- to ask for help with a new word
- to hear one good thing about school each week

PREVIEW

Thank You for Sharing

Return this slip with the form, or keep it for your records.

Child's first name _____ Family name _____

Tell us how you would like to hear from school

- ☐ I returned the form
- ☐ I would like a phone call
- ☐ I would like a meeting
- ☐ I need school notes in another language

Phone number or email

_____

Language I need for school notes (leave blank if English)

_____

Questions for the teacher

_____

_____

_____

_____

Notes for the teacher

_____

_____

_____

Date returned

_____

PREVIEW

Divider Tabs

For the teacher: print on card stock, cut apart, and add one tab to each section of the binder.

About My Child

Teacher name and room _____

Daily Routines

Teacher name and room _____

What Helps

Teacher name and room _____

Hopes for the Year

Teacher name and room _____

Teacher Notes

Teacher name and room _____

Returned Forms

Teacher name and room _____

PREVIEW