

Malletts Bay School Parent Input Form for 2015-2016 School Year

Please Return to Your child's teacher or the main office by April $3^{\rm rd}$

| Child's Name: |
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| Child's Current Teacher: |
| Person Completing the Form: |
| What does your child enjoy most about school? |
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| What are you and your child most excited and/or concerned about regarding next year? |
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| What motivates your child to learn? |
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| What other information would you like us to know about your child? Examples might include previous problems with peers; health conditions or concerns; or issues at home that might impact school. Please use the back of this form for additional comments. |