REVISED: 3/29/10

PARENT REPORT

Door	(Month) (Day) (Year)
Dear(Parent(s)/Guardian(s) Name)	·
The following information will be helpful i	n planning for(Child's Name)
educational program. Please complete t	,
· ·	
to me by at (Date) (Address)	
If you prefer to discuss this personally in	lease contact me at
in you protot to discuss time personally, p	(Phone)
Thank you for taking the time to share th	is information.
1. What are your child's strengths	s?
2. What areas does your child ne	ed to continue to work on?
3. What are the three most impor improve?	tant things you would like your child to
Sincerely,	(Parent/Guardian Signature)
•	
(Teacher)	