

About My Child

Child's Name: _____

Date: _____

Academic (Consider: Activities of Daily Living, Level of Intellectual Functioning, Adaptive Behavior, Expected rate of progress in acquiring skills and information, Learning Style)

◆ Strengths: _____

◆ Weaknesses / Needs: _____

◆ Management needs: _____

Social (Consider: Relationship with peers and adults, Feelings about self, Social adjustment to environments – Both School and Community)

◆ Strengths: _____

◆ Weaknesses / Needs: _____

◆ Management needs: _____

Physical (Consider: Motor and sensory development, Health, Vitality, Physical skills or limitations which pertain to the learning process)

◆ Strengths: _____

◆ Weaknesses / Needs: _____

◆ Management needs: _____

Medical (Falls under Physical information - consider how a diagnosis impacts on education and participation as a member of a class)

◆ Strengths: _____

◆ Weaknesses / Needs: _____

◆ Management needs: _____

What worked and/or what didn't work in the last year (effective strategies) _____

The goal(s) the family sees as being the most important for the next year is (are) _____

Activities of daily living skills that need to be addresses are _____

Child's current interests are _____

Effective rewards are _____

Optional: Homework assignments (where?, when?, with who's help?, How much help?, With frustration?) _____

Other information about my child _____
