

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 at school and in the community*

◆ **Strengths:** _____

◆ **Weaknesses / Needs:** _____

◆ **Management needs:** _____

About My Child (cont'd.)

Physical - Consider: *Motor and sensory development, health, vitality, physical skills or limitations which pertain to the learning process*

◆ **Strengths:** _____

◆ **Weaknesses / Needs:** _____

◆ **Management needs:** _____

Medical – Consider: *Physical information - how a diagnosis impacts on education and participation as a member of a class or school*

◆ **Strengths:** _____

◆ **Weaknesses / Needs:** _____

◆ **Management needs:** _____

About My Child (cont'd.)

Effective Strategies - *What worked and/or what didn't work in the last year?* _____

Goal(s) – *What the family sees as being the most important for the next year* _____

Activities of daily living – *What skills need to be addressed?* _____

Current interests – *What does the child like right now?* _____

Effective rewards – *What motivates the child?* _____

Homework assignments - *Where? When? How much help? Who helps? Any frustrations?* _____

Other information – *Anything that may be helpful for others to know about my child* _____
