

## Educational Profile

Please answer these statements in order to give the teachers a better understanding of how your child learns best. Your information will be held in confidence and will be used solely for the purpose of helping your child have a successful experience in the GIFT classroom.

1. My child \_\_\_\_\_ in grade \_\_\_\_\_ is best at  
(name)

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2. My child needs the most help with \_\_\_\_\_

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3. Schoolwise, my child most enjoys \_\_\_\_\_

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4. Schoolwise, my child least enjoys \_\_\_\_\_

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5. When I work or play with my child we usually \_\_\_\_\_

6. Ways I have tried to help my child with behavior or school work that have worked are

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7. Ways that did not work are \_\_\_\_\_

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8. Special concerns that I have are \_\_\_\_\_

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9. Suggestions I have are \_\_\_\_\_

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10. If your child has an Educational Services Plan through school, please share helpful information from it.

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11. If you have a family situation that might impact your child's ability to learn, please share the basics of it with us so that we can care for their emotional needs (e.g. family is going through a divorce, a family member is extremely ill, a new job situation is taking one parent away from the family frequently, etc.)

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12. Any other comments

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**Parent/Guardian, please sign & date here:** \_\_\_\_\_  
Signature Date

**Thank you for helping us create the best possible learning environment for your child!**