

ALL ABOUT ME

PARENT/GUARDIAN EDITION

Name _____

Preferred Language _____

Phone Number _____

Email Address _____

Preferred Contact Method _____

Work Days/Hours _____

What concerns/strengths would you like me to know about your child/youth

Disability (ie. Deaf, Blind, Learning Disability)

Accommodations Needed (ie. ASL Interpreter)

My wish for the year is

What does parent engagement mean to you

