



Mrs. Nettling
Carlisle's Grigsby Intermediate School



To help me get to know your child, please complete this form and send it back to school. Thanks!

Child's Name: _____

Name of parents or guardians: _____

Parent/Guardian email address: _____

Child's Birthday: _____ Age: _____ Phone No.: _____

My child is good at _____

My child needs help with _____

At school my child enjoys _____

At home my child likes to _____

Academically, this year I would like to see my child work on _____

Socially, I would like to see my child work on _____

Something else I would like you to know about my child is _____

(If needed, please use the back of this paper).

Thanks for all you do to support learning in our class!room!