

# Let's Partner!

I recognize that children need support from both home and school and would like to partner with you! The first step is to find out what is the best way for us to communicate during the school year. Below I have listed ways that you can contact me.

The bottom portion of this page is for you to provide me with ways to contact you.

I look forward to partnering with you.

Together you and I can make a difference!

Telephone # \_\_\_\_\_  
 morning  afternoon  evenings

Text # \_\_\_\_\_  
 morning  afternoon  evenings

Email \_\_\_\_\_

Drop Off

Pick Up

*Please tear here and keep top portion for your information and return bottom to the teacher.*

# Let's Communicate!

My name is \_\_\_\_\_ and I am excited to have  
\_\_\_\_\_ in my class this year!

Good communication is the key to positive partnerships. I look forward to getting to know your child. I welcome any information you wish to share with me about your child (see attached form). Together we can make this a fun and safe learning experience.

Please let me know the best way and time to contact you to talk about your child's progress.

Telephone # \_\_\_\_\_  
 morning  afternoon  evenings

Text # \_\_\_\_\_  
 morning  afternoon  evenings

Email \_\_\_\_\_

Drop Off

Pick Up

# Getting to Know Your Child

Child's Name: \_\_\_\_\_

My child prefers to be called \_\_\_\_\_

My child's favorite things:

Color: \_\_\_\_\_ Book: \_\_\_\_\_

Toy: \_\_\_\_\_ Other favorites: \_\_\_\_\_

My child likes to:

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Listen to stories | <input type="checkbox"/> Draw and color           |
| <input type="checkbox"/> Play alone        | <input type="checkbox"/> Play with other children |
| <input type="checkbox"/> Play outside      | <input type="checkbox"/> Play quiet games inside  |
| <input type="checkbox"/> Go to the park    | <input type="checkbox"/> Play make-believe        |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____              |

My child is good at: \_\_\_\_\_

My child doesn't like to: \_\_\_\_\_

I would like you to know this about my child: \_\_\_\_\_

What I would like my child to learn is: \_\_\_\_\_

Please return this form to your child's teacher at your earliest convenience.

