**OBSERVATIONS BY PARENTS – FEBRUARY 2014**

<table>
<thead>
<tr>
<th>Student:</th>
<th>Teacher:</th>
<th>Parent:</th>
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**Your child’s attitude towards school and learning:**

**Your child’s behaviour:**

**Your child’s special needs (speech, diet, medical, environment, learning style...)**

**Your child’s physical development:**

**Your child’s interests and after school activities:**

**Your child’s special abilities:**

**Your hopes for your child this year:**

**Anything else? Concerns?**

Please tick or write below if you or your partner has any skills or qualifications that could assist our school to implement our specialist programs and extra curricula activities.

Such as:
- Coaching qualifications- Sport:____________________
- Involvement with any local sporting clubs- Club:____________________
- Can speak French
- Skill/Hobby in Visual Arts and mixed media ______________
- Interested in Sustainability or Gardening
- Other:_________________________________________________________________

Parent’s/Guardian’s Signature: ________________________________

Thank you for your time. Please return to your child’s teacher by THURSDAY 13<sup>th</sup> FEBRUARY