



Dear Parents,

To make the most of our time together we ask that you take a moment and answer the questions below. Please return the questionnaire to the office by October 26, 2018.

Thank you  
EACMSI Faculty and Staff

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Student Name:

Class/Teachers:

Parent/Guardian Name (s):

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My child's areas of strength seem to be.....(social, physical, cognitive):

I would like to see my child develop skills in the area of:

I would like to discuss the following specifics about my child:

The changes I have seen this year in my child: