

SPRPRC Staff is Getting to Know You (Student Form)

Child's Name _____ Nickname _____

Attending Site _____

Do you have any siblings attending the school district? Yes No

If yes, sibling(s) name and age _____

Do you have any pets? _____

Do you have any special interests? (Sports, hobbies, etc.) _____

What do you like most about school? _____

What kind of activities do you hope to have available for you here? _____

Snacks you like best? _____

Foods or snacks you do not like? _____

If you had the chance to learn something new, what would it be? _____

Anything else you would like to share about yourself? _____

Follow-Up.....Get to Know You Meeting (with the child)

Date of Conference: _____

Staff Name _____

Staff Signature _____ ***Date*** _____