Back-to-school update

My child's name: _____ My name: _____

My email and/or phone: _____

Hybrid or distance learning

My child's experience with hybrid or distance learning was (check all that apply):

- ☐ Mostly positive
- ☐ Mostly negative
- ☐ Manageable
- ☐ Stressful
- ☐ Done independently
- ☐ Done with lots of support
- ☐ Engaging
- ☐ Boring
- ☐ Other: _____

Video lessons helped my child learn. ☐ Yes ☐ No ☐ Not sure ☐ Other: _____

_____

Other comments? Questions? _____

_____

Strengths and challenges

My child is good at or enjoys (reading, science, art, etc.) _____

_____

My child needs help or has a hard time with _____

_____

Challenging behaviors I've noticed recently in my child (check all that apply):

- ☐ Angry outbursts
- ☐ Refusing to follow rules
- ☐ Trouble wearing a mask
- ☐ Worrying a lot
- ☐ Trouble focusing
- ☐ Trouble sleeping
- ☐ Stomachaches
- ☐ Headaches
- ☐ Other: _____
- ☐ Crying

_____

Other comments? Questions? _____

_____

Recent events

With all that's been happening recently, it's important for my child's teacher to be aware that

_____

_____

Other comments? Questions? _____

_____

Understood