Hopes & Dreams Questionnaire

Parents: Please take the time to fill out this questionnaire and bring it to the Wishes and Dreams conference.

Child’s Name: ____________________________________________
Parent/Guardian’s Names: ____________________________________
Siblings and ages: __________________________________________

1. What would you like to see your child accomplish this year academically?

2. What would you like your child to accomplish socially this year?

3. What are your child’s strengths? Includes all areas in and out of school.

4. Are there any concerns that you have regarding your child? Please explain.

5. What is your child looking forward to in second grade? Please conference with your child to answer this question.

6. What are your child’s favorite hobbies/activities in an out of school? Please conference with your child to answer this question.