Pre Annual Review

Parent/carer Contribution

Pre Year 9



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**Family Contribution**

**Our contribution to our child’s Annual Review Meeting**

Child’s name       Date of Birth

School       Date of meeting

Please confirm your address below:

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| What do you like and admire about your child? |

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| What do you consider to be your child’s achievements over the year? |

**What do you think is working well at home or school?**

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| --- | --- | --- |
|  | **Home** | **School** |
| **Communication** |  |  |
| **Learning and Development** |  |  |
| **Behaviour and Emotions** |  |  |
| **Health** |  |  |
| **Everyday Life** |  |  |
| **Family and Community** |  |  |

**What do you think could have gone better at home or school?**

|  |  |  |
| --- | --- | --- |
|  | **Home** | **School** |
| **Communication** |  |  |
| **Learning and Development** |  |  |
| **Behaviour and Emotions** |  |  |
| **Health** |  |  |
| **Everyday Life** |  |  |
| **Family and Community** |  |  |

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| **What is important for your child at home and school?** |

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| **What help do you think your child will need to achieve their outcomes and from whom?** |

Name

Signature       Date

***Thank you.***

***Please send this back to the school.***