



Student Information Sheet

Student Name: _____

Date: _____

Parent Feedback

What type of learner do you feel your child is? (Circle one):

Visual

Auditory

Sensory

What do you feel are your child's academic:

Strengths?:

Challenges?:

What type of activities does your child enjoy? (ie: active play, quiet play, crafts, etc.)

What are your goals/expectations while your child attends ROC CDC?

Any other questions/concerns you would like to share?