

ORIENTATION CONFERENCE

2017/18

Child's Name: _____

Parent's Name: _____

1. What does your child like to do during free time?
(hobbies, talents, interests)

2. What are your child's favorite indoor and outdoor
games?

3. What types of games/activities does your child
dislike?

4. What are your child's favorite subjects in school?

5. Describe your child: (e.g. active, shy, easily
frustrated, etc.)

6. Any areas of difficulty?

7. Does your child have any special needs?

8. Is your child enrolled in any special programs in
school?

9. Does your child take any medication?

10. Would you like your child to do homework in
CARES?

11. Family dominant language?

12. Other information: