

P/T Beginning of Year Snapshot Conversations February 2026



Child's name:	
Medical information:	(Have all updated forms / medication been provided to the office?)
Parent(s)/Guardian(s) names:	
Family structure:	
Tell me about your child	Likes: Dislikes: Interests: Challenges/Worries:
Siblings attending school	
Friends within year level:	
Extra Curricular Activities	
Drop off/ pick up	

Goals for this year	
Is there anything else you would like us to know about your child?	