



Family Contribution Form

Child's Name: _____ Family Members Name: _____

Room: 0-2 / 2-3 / 3-5 Date: _____

Our teachers will use this information to set goals for your child. We can then plan the environment and activities, and provide support throughout the year, to give your child the best opportunity to achieve these goals. Your child's progress will be evaluated throughout the year and included in their portfolio.

1. What is your child interested in at the moment?

2. How do you support or extend on these interests at home?

3. What do you feel your child's strengths are?

4. What would you like your child to achieve or accomplish during this year at Play to Learn?

We thank you for your time and feedback.