

## Information About

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(Alternate Names: \_\_\_\_\_)

Pronouns (circle): She/her, He/his, They/their, Other: \_\_\_\_\_

Language(s): \_\_\_\_\_ Grade: \_\_\_\_\_

### Contact Information:

1. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Phone number/email: \_\_\_\_\_

Translator? yes / no Language(s): \_\_\_\_\_

2. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Phone number/email: \_\_\_\_\_

Translator? yes / no Language(s): \_\_\_\_\_

3. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Phone number/email: \_\_\_\_\_

Translator? yes / no Language(s): \_\_\_\_\_

### For parents or guardians:

What are your child's strengths, and what do they need help with? What would you like your child to do in my class? Is there anything else you want me to know?

Signature: \_\_\_\_\_

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