

# Upward Bound Math & Science Program

## STUDENT INFORMATION SHEET FOR PARENTS

Date \_\_\_\_\_

Student's name: \_\_\_\_\_  
Please Print (First) (Middle) (Last)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade Fall 2014: \_\_\_\_\_ School Attending \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

*To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to answer regarding your son/daughter. The information you provide will help Upward Bound individualize the academic program to address specific needs of each participant.*

- What do you feel are the strengths of your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What do you feel are your child's weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve in)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- How do you think your child learns best? (What kind of situation makes learning easiest)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Does your child have any behaviors that are of concern to you or other family members? If so, please describe the behavior(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What are your child's favorite activities?

---

---

---

---

- What are your child's special talents or hobbies?

---

---

---

---

- Do you have any particular concerns about your child's school program this year? If so, please describe.

---

---

---

---

- What are your main hopes for your child this year?

---

---

---

---

- Is there other information that would help us gain a better understanding of your child?

---

---

---

---

***Thank you for contributing valuable parental insights.***