My School Sheet

This is a sheet that you can fill out with your parents and share with your health professional. It will help your parents and your health professional learn more about what school is like for you and ways that they can help you feel good about school and learning.

FUN AND LEARNING OUTSIDE OF SCHOOL

Things I am good at doing:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Things I would like to learn/read about with my family:

________________________________________________________________________
________________________________________________________________________

Places I would like to visit with my family (ideas: parks, museums, libraries):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

MY FRIENDS

Friends who go to my school:

________________________________________________________________________
________________________________________________________________________

Friends who live near me:

________________________________________________________________________

Things I like to do with my friends in school:

________________________________________________________________________
________________________________________________________________________

Things I like to do with my friends outside of school:

________________________________________________________________________

GOALS FOR SCHOOL

Early Elementary School (K–3)

What I am learning to do:

________________________________________________________________________
________________________________________________________________________

What I am good at:

________________________________________________________________________

(continued on next page)
My School Sheet (continued)

What is harder for me:

________________________________ ________________________________ ______________________________

Late Elementary School (4–6)
My subjects:

________________________________ ________________________________ ______________________________

________________________________ ________________________________ ______________________________

Grades my parents expect me to get:

________________________________ ________________________________ ______________________________

Grades I want to get:

________________________________ ________________________________ ______________________________

Grades I think I’ll get:

________________________________ ________________________________ ______________________________

STUDY TIME
Places that are comfortable for me to do homework:

________________________________ ________________________________ ______________________________

Favorite times of the day to study:

________________________________ ________________________________ ______________________________

Things that make it hard for me to study:

________________________________ ________________________________ ______________________________

ABOUT MY SCHOOL
Activities I enjoy most at school:

________________________________ ________________________________ ______________________________

How often my parents and teachers talk together:

________________________________ ________________________________ ______________________________


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