

2024 - 2025 HOPES & GOALS QUESTIONNAIRE

Child's Name:	
Parent/Guardian Name(s):	
1.	What would you like to see your child accomplish this year academically?
2.	What would you like your child to accomplish socially this year?
3.	What are your child's strengths? This includes all areas in and out of school.
4.	Are there any concerns that you have regarding your child? If so, please explain.
5.	Is there any special subject area that your child would like to study, discuss, or read about this year? (please conference with your child to answer this question)
6.	What are your child's favorite hobbies/activities in and out of school?

PLEASE RETURN THIS FORM TO THE MAIN OFFICE