



BR	12 WEEK ASSESSMENT
6	Parent Report

Please complete the following questionnaire in your capacity as parent/guardian and return it to school at least a week before your child's review. The information you provide is an important part of the review process. Please continue your comments on a separate sheet if required.

Student's Name: _____ D.O.B: _____

Your Name(s): _____

Your Role: _____

Please provide your comments on the progress made by your child throughout the 12 week assessment period.

For example: What new skills have you observed? What resources have you found useful to support your child's learning? What concerns do you have about your child's progress? What changes have you observed at home? What problems have you experienced?

Signed:		Date:	
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