

Parent Curriculum Planning Sheet #1

Parent Name:
Child's Teacher:

Child Name:
Center:

Activities I think my child likes best are_____

_____.

I would like to come and help and do the following project _____

_____.

Please call me so we can plan together.

I would like to see the following activity be incorporated in the classroom
if possible _____

_____.

Things I really enjoy about my child (his/her strengths)
are_____

_____.

My concerns about my child (at school, at home, or other)
are_____

_____.

My child's favorite healthy snack is _____.

A healthy snack I make for my family that would be a great addition to
your snack menu is_____.