

August 2024

 Dear Fabulous First Grade Families,

 Welcome! I hope that you are having an amazing summer and enjoying making wonderful memories together. As we get closer to the start of school, we are all looking forward to a fantastic year together!

First grade will be a year of growth for your child. Your child will progress at his or her own rate, acquiring skills as he or she is developmentally ready. Together, we will embrace and celebrate all the successful moments and gains that each child makes. In addition, maintaining each child's self-esteem while he or she is developing skills is a top priority. I want each child to continue to enjoy school, love learning, to be happy and to feel proud! It will be a fun and memorable year.

 Please find a questionnaire attached for each one of you to complete. This questionnaire is designed to allow me to learn a little more about each child in the class as the school year begins. It will help me focus on specific areas, alert me to sensitivities or needs, and allow me to assess and enrich strengths. I appreciate your help and honesty with this questionnaire. Please send it in your child’s folder on the first week of school. Thank you!

A detailed letter will come home on the first week of school listing the times for our lunch, snack, and special area classes. Please be sure to check the school home page for important information throughout the year.

 If your child does not bring lunch from home, he or she may receive a hot lunch in the cafeteria. In addition, the children will have snack daily for approximately fifteen minutes. Please send in a healthy snack and water bottle each day. Students will have Physical Education classes and recess that will require students to either wear or bring in a pair of sneakers to change into. I will notify you of the schedule for our special area classes in the letter that comes home on the first week of school.

 I am very excited to meet your children and look forward to a fabulous year together. Please complete the information sheet that is included with this letter and send it back to school in your child’s folder the first week of school.

 If you have any questions or concerns, please do not hesitate to contact me. The telephone number at school is 314-241-1533. You may also email me at any time -maryann.dubbs@slps.org I know that we will have a memorable year together and can’t wait to meet your amazing children!

**1st Grade Student Information Sheet**

Please answer the questions below and return to me at your earliest convenience in your child’s folder. Thank you for your assistance! It is very much appreciated.

 Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a nickname that he/she prefers?

 What would your child like to be called at school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List five words that best describe your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like your child to gain from his/her first-grade experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your child’s likes/dislikes below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns or does your child have any fears that I should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child currently receive any support services such as Speech, Counseling, Occupational Therapy and/or Physical Therapy or have they received these services in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Will your child be picked up from school or will he/she take a bus home? If your child will be riding a bus, please indicate the bus letter your child will ride home. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus: \_\_\_\_\_\_\_\_\_\_\_\_

 Please list the email/phone number that you prefer I use to contact you.

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you again for your assistance with completing this information sheet. If there is anything else that you would like to share, please use the space below or attach an additional page.