Parent Letter Assignment

Please fill out the following and return by *August 24th.* You can also email this to my email if it works better. allyciauhrhan@lindberghschools.ws

Name of child:_____

Your name:_____

What kind of device, if any, will your child bring to school:_____

How often does your child have access to the device at home each night (circle one):

None *less than an hour* *1-2 hours* *3-4 hours* *more than 4 hours*

My child has access to reliable internet (circle one):

most of the time *never* *sometimes* *other:_____*

Below write anything about your child you feel you would want me to know. What are your child's strengths? What are some things your child struggled with in the past?

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