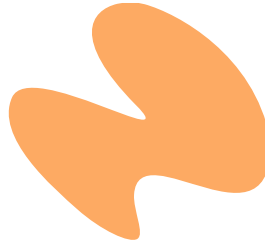


School: \_\_\_\_\_  
Name of pupil: \_\_\_\_\_  
Class: \_\_\_\_\_



### Guardian and pupil to fill in together

Discuss and answer the following questions together with your child before attending the learning discussion.

1. What are your child's strengths?

2. How would you describe your child's well-being?

*(e.g. sleep, energy levels, eating at school and home, hobbies, friends, exercise, screen time, age limits)*

3. Ask your child to give an opinion on the following statements. Please tick the most appropriate option from 1 to 4.

|                                                                    | 1<br>seldom | 2<br>sometimes | 3<br>often | 4<br>always |
|--------------------------------------------------------------------|-------------|----------------|------------|-------------|
| It is good and safe to be in school.                               |             |                |            |             |
| I follow the rules of the school and instructions given by adults. |             |                |            |             |
| I behave myself and have good manners.                             |             |                |            |             |
| I take care of my schoolwork both at school and at home.           |             |                |            |             |
| I take care of my own and common equipment and belongings.         |             |                |            |             |
| I know how to work with others.                                    |             |                |            |             |

4. Tell us about your child's reading habits.

*(How does reading homework go? Does the child read by themselves? How often? What kind of books is the child interested in?)*

6. How has your child, in your view, made progress in school subjects?

*(subjects to include at least native language and literature, maths, and foreign language)*

7. What issues would you particularly like to discuss in the learning discussion? *(e.g. challenges in school)*

### Teacher to fill during the learning discussion

Issues raised in the learning discussion and mutually agreed goals

Learning discussion date: \_\_\_\_ . \_\_\_\_ . 20\_\_\_\_

### Signatures

Student \_\_\_\_\_

Guardian \_\_\_\_\_

Teacher \_\_\_\_\_