Help Yourself Parent Evaluation

Parent Name: ___________________________ Date: ____________

Student Name: ___________________________

What do you expect your child to get out of Help Yourself Programs this year?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your Child’s Academic Strengths: ___________________________

Your Child’s Academic Weaknesses: ___________________________

Does your student have any set study habits? What are they? Do they work?

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What can HYP do to ensure a positive academic school year?

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________________________________________________________________________
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What topic areas would you like to see covered with monthly workshops this year?

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What are your academic expectations/goals for your child this year?

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________________________________________________________________________
________________________________________________________________________

Comments: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Email Address: ________________________________________