

Student Profile Form

Please complete this form to help us better understand and support your child throughout the school year.

| Student Information | |
|--|---|
| Student Name: | Grade/Section: |
| ൂറ്റ് Parent/Guardian Information | |
| Parent/Guardian Name(s): | |
| Contact Number: | Email Address: |
| Educational Background | Learning Style and Preferences |
| Previous School (if applicable): | Favorite Subjects: |
| Special Educational Needs (if any): | Subjects your child finds challenging: |
| Please attach any relevant documents or IEP (Individualized Education Plan). | Preferred learning styles (visual, auditory, hands-on): |
| ্র্ট Social and Emotional Insights | |
| How does your child like to be motivated or encouraged? | |
| Any social dynamics or concerns (e.g., shyness, bullying): | |
| What makes your child feel successful or proud? | |

(2) Hobbies, Talent and Skills

| Extracurricular activities or hobbies: | Special talents or skills: | |
|--|----------------------------|--|
| Any recognition or awards received: | | |
| Are you willing and able to be involved in school based activities with your children? Yes No | | |
| If yes, which activities would you like to be contacted about to take part in (Select all that apply): ☐ Field trip chaperone ☐ Reading to class ☐ Guest speaker ☐ Event chaperone Other (please specify): | | |
| Is there any additional information you would like to share or other activities you would like to suggest for parental involvement? | | |

To keep up with your child's learning and ensure continuous communication, please scan the QR code below to download the Alef Guardian app.





Thank you for taking the time to complete this form.

Your insights are invaluable in helping us create supportive and effective learning.