

Parent or Guardian Statement

Landmark College Summer Program

Today's Date					
Month/D	ay/Year				
Student's Name					
First		Middle		Last	
Parent's Name					
As a parent/guardian, you have spent mo	ore time with you	ır child than anyor	ne else. Therefore,	please share you	ır insights on this
form. Please rate how much of a challen	ge each of the fo	ollowing is with re	gard to your stude	ent's overall achie	vement:
	Not a Challenge	Slight Challenge	Moderate Challenge	Major Challenge	No Basis for Judgment
Building and maintaining friendships					
Dealing with conflict					
Group activities					
Homework completion					
Making conversation					
Note taking					
Organization					
Reading comprehension					
Self-advocacy					
Social interactions					
Study habits					
Sustained attention					
Time management					
Working independently					
Writing					
In what areas have you witnessed the me	ost development	and growth in you	ur child?		

What are your child's most notable personality traits?
Please provide a brief overview of your child's personal learning style. You are also invited to briefly share any concerns you may have or additional background that you feel would be helpful:

Please mail completed form with application or send separately to:

Landmark College Summer Programs, Office of Admissions, Landmark College, 19 River Road South, Putney, VT 05346-8517