

## APPENDIX E

## First meeting with my child's teacher

Use this worksheet to organize the information you will provide to your child's classroom teacher during your first meeting.

My child's diagnosis (the name and description of the illness):
My child's prognosis (the expected outcome of the illness):
My child's treatment:
My child's treatment side effects:
My child's illness symptoms and their effect on my child's education, for example, how the illness affects my child's ability to attend school, to learn, and to participate in class (see Appendix B):

What my child knows	about the illness:
What I would like my cl	hild's classmates and other school personnel to know about the illnes
What my child would li	ke his peers to know about the illness:
	absences for my child's medical appointments:
Schedule of expected  Date	absences for my child's medical appointments:  Time
Date	
Date	Time
Date	Time
Date	Time
Date  Best way to contact m	Time  te to receive updates, feedback, and missed schoolwork:
Date	Time  te to receive updates, feedback, and missed schoolwork:
Date  Best way to contact m	Time  de to receive updates, feedback, and missed schoolwork:  permation: