

GETTING TO KNOW YOUR CHILD

We look forward to working with you and your child this year. Please help us to get to know your child by answering the following questions. **Please print.**

Child's Class ___ Early Twos ___ Late Twos ___ MWF3s ___ Pre-K ___ Pre-K Boost

Child's Name: _____

Birthdate (mm/dd/yy): _____ Nickname: _____

Your Name: _____

Please tell us a little about your family, especially siblings (names and ages), extended family (if they are actively involved in your child's life) and pets:

What languages are spoken at home?

Has your child had prior school experience or experience with caregivers that were not family? If yes, please describe any special likes or dislikes she/he had about school, daycare, etc.

Describe some of the qualities you especially appreciate about your child.

What are your child's favorite activities and interests?

What are your child's strengths?

Does your child have any unusual or strong fears?

How would you describe your child's energy level?

Do you have any special concerns about your child?

Hearing and/or Vision? Speech and Language Development? Ability to Move (Gross Motor)? Overall Development?

Does your child have any special medical history?

Has your child received / is your child receiving, outside services (Speech, OT, ABA, etc.)? Please include timeframe.

Has your child begun potty training, and if so, what stage is he/she in?

Is there anything else you think we should know about you or your child?

Are there any special talents that you have that you would like to share with our children in class? (i.e. playing a musical instrument, singing, gardening, art, another language, something related to your profession)

Additional Comments: