

Help Us Get to Know Your Child

Child's Name _____
Last First Middle (Nickname)

Your Name & Relationship to child: _____ Date _____

1. What are some of your child's favorite things to do? _____

2. Does your child speak more than one language? If so, which ones, and does he speak / understand English? _____

3. What are some of your child's favorite foods? Does he have any food allergies or unusual eating habits? _____

4. Does your child have a favorite toy or other comfort object? What is it? When does our child seem to need it most? Will you send it to school? _____

5. What are your child's special interests? _____

6. How does your child feel about coming to school? _____

7. Does your child know any other children in our class? If so, who? _____

8. Does your child cry easily? Is he shy or overly aggressive with his peers? Have any special fears? _____

9. Has your child had an opportunity to play with other children of his age frequently? _____

10. What responsibilities does your child take using the bathroom? Does your child go alone, wear diapers or pull-ups? Any problems connected with toileting? _____

11. Behavior Habits: Biting nails, sucking fingers, etc. _____

12. Participation in group activities: Sunday School, music, etc. _____

13. What else would you like us to know about your child: _____

14. What do you hope your child will gain from this year? _____
