

Let's get acquainted with your child

Child's Name _____ Nickname _____

Child's Birthday _____

Previously, my child was cared for by _____

I would say that my child's day was mostly structured/ unstructured? _____

Child's health history that might affect participation in class, current medical conditions, or current allergies? _____

Does your child have any special needs? _____

How do you describe your child? (Shy, friendly, assertive, energetic, sensitive, calm, fearless, serious, etc) _____

Is there any specific family situation you would like your child's teacher to be aware of? _____

Does your child have specific fears or challenges? _____

What is your child's ways of communicating their needs? _____

My child is usually comforted by _____

My child takes about ____ minutes to eat a full meal

In our family we Sit together and eat Eat at different times My child walks around while he/she eats

My child takes a ____ minute nap ____ times per day. Child's normal bedtime ____ PM Varies; no regular bedtime Can

you give a few hints for putting your child down for a nap? (doll, special blanket, pacifier, etc.) _____

Is there anything you would like us to know about your child? _____