

TELL US ABOUT YOUR CHILD.....Please take a few minutes to answer the following questions about your child. This information helps the teacher have a better understanding of your child's needs and assists in the transition to school. Please be assured all information you provide will be kept confidential.

Child's Name/Nick name _____ Birth date _____

Who lives at your house? _____

Do other family members live nearby? _____

Are there any special family situations you want us to know about? _____

What does your child enjoy doing? _____

Has your child been in a preschool setting before? If so, explain: _____

What about your child gives you the most pleasure? _____

Is there anything about your child that causes you concern? _____

Was your child premature or has he/she ever had any serious illnesses? If so, please describe: _____

Are there any medical conditions the teacher should be aware of or does your child take medicine regularly? If so, explain: _____

Are there any food restrictions (allergies or other) that we need to be aware of? If so, explain: _____

How does your child act when he/she is happy and content? _____

How does your child let you know that he/she is upset? _____

If your child should experience separation anxiety, how would you prefer us to handle it?

Are there any special words or gestures your child may use that the teachers may not understand? _____

Does your child have any unusual fears? (Example: loud noises, insects, masks): _____

What are your goals, expectations for your child in Preschool? _____

Child's Teacher: _____