

## CHILD INFORMATION SHEET

*We look forward to getting to know you and your child better. We'd like you to answer as many of the following questions as you'd like. This information is helpful as we begin our partnership in providing the best experience for your child.*

1. \_\_\_\_\_  
 Child's Name (First) (Middle) (Last) Preferred name to be used at school (if different)  
 Parent/Guardian Names \_\_\_\_\_  
 Occupations, Hobbies, Interests \_\_\_\_\_
2. Would a family member be willing to share information about an occupation, hobby or interest with our class sometime this year? If so what?  
 \_\_\_\_\_
3. Child lives with:     Both Parents                       Other (please specify): \_\_\_\_\_
4. Siblings/Household Members:  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Attends school at \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Attends school at \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Attends school at \_\_\_\_\_  
 Pets? \_\_\_\_\_
5. If entering this School for the first time, has your child been in a Toddler or Preschool Program before?  Yes  No  
 If so where? \_\_\_\_\_  Full Day  Half day
6. What might be helpful for us to know about how your child handles being separated from you?  
 \_\_\_\_\_
7. Toileting:     Trained                       Not Yet Trained                       In Process  
                    Trained with occasional accidents                       Needs help in the bathroom  
 Additional Comments: \_\_\_\_\_
8. Anything that would be helpful to know about naps? \_\_\_\_\_  
 \_\_\_\_\_
9. Any habits, needs, sensitivities or schedules we should know about? \_\_\_\_\_  
 \_\_\_\_\_
10. How would you describe his/her temperament?  
 \_\_\_\_\_
11. Where is your child's verbal level? (Ex: no words, single words, two words together, full sentences, articulation, etc.)  
 \_\_\_\_\_

12. Does your child speak another language besides English?  No  Yes (specify): \_\_\_\_\_

13. Tell us about your child's:

- Special interests \_\_\_\_\_
- Favorite play materials \_\_\_\_\_
- Favorite Playmates: \_\_\_\_\_
- Family activities enjoyed \_\_\_\_\_
- Favorite Foods \_\_\_\_\_
- Least liked foods \_\_\_\_\_
- Special diet \_\_\_\_\_
- Health concerns \_\_\_\_\_
- Fears \_\_\_\_\_
- Previous illnesses or injuries \_\_\_\_\_

14. What do you hope your child will gain from his/her School experience in this class?

\_\_\_\_\_

15. What strategies work best in getting him/her to do what you need him/her to do?

\_\_\_\_\_

16. What do you do when that doesn't work? \_\_\_\_\_

17. What concerns, if any, do you have regarding your child's development or behavior at this time?

\_\_\_\_\_

18. *One of the School's goals is to help children develop an understanding of and appreciation for the ways their friends and other people are like them, or may be different from them. This could include languages; cultural traditions and celebrations; family structures; etc.*

**Optional questions:**

With what culture(s) does your child identify (ancestry, religion, etc.)?

\_\_\_\_\_

What are the holidays celebrated in your home of which you would like us to be aware?

\_\_\_\_\_

Would the adults in your family be willing to visit the classroom to share some of these holidays, cultures, or traditions (e.g. teach us a song or dance; read a book; help us cook something)?  Yes  No

Some possibilities: \_\_\_\_\_

19. Other ways a family member might like to be involved in the School

\_\_\_\_\_

20. Please use an additional sheet if there is anything else you'd like us to know.

*We look forward to meeting with you. We'll usually have a moment to chat at drop-off and/or pick-up. If you'd like to have a longer discussion before our regular conference time in October or May, please let us know.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_