



Getting to Know Your Child

Child's preferred name: _____

Parent/Caregiver Names: _____ What does your child call you? _____

Household members (please include pets' names) _____

Does your child have allergies, food sensitivities, or a special diet? Please list:

Please list a few things/activities that your child is interested in outside of school:

-
-
-

Please describe your child's strengths:

Please tell us one or two attributes of your child which we should know:

Do you have any concerns about your child (academically, socially, emotionally, linguistically) that you would like us to know about? _____

What hopes or goals do you have for your child this school year? _____

What languages do you speak at home? _____

Does your child speak and/or understand English?

What cultural/religious holidays are important to your family and how do you celebrate them?

Where does your close family members live? _____

What are your child's regular sleep habits? When do they nap, go to bed, wake up?

Does your child use the toilet independently (without any assistance)?

Please complete and return this information form to your classroom teacher on or before the first week of school.