



Getting to Know Your Koala

Today's Date: _____

Child's Full Name: _____ Nickname (if any): _____

Child's Birthday: _____

Parents' Names: _____

Siblings (Names & Ages): _____

Do you have any pets at home? If so, what kind and what are their names? _____

What primary language is spoken at home? _____

What holidays are celebrated at home? _____

Is your child potty trained? If so, how long have they been trained? _____

What word(s) do they use when they need to use the bathroom? _____

Does your child need reminders going to the bathroom? _____

Does your child require assistance in cleaning when going to bathroom? If yes, Please describe:

If male child, does your son stand up or sit down when going #1? _____

Does your child usually take a nap? _____ If so, when is their nap time? _____

How long is nap? _____

What is your student's typical naptime routine? _____



Does your child mainly use a sippy cup or a cup with straw to drink beverages at home?_____

Can your student feed themselves with table utensils?_____

Describe any special needs or concerns your child might have in a school setting:

Has your child participated in any social activities? _____ If yes, please explain

Does your child have any fears or worries we should know about?

Any concerns with your child's behavior? If so, please describe_____

Has your child previously attended another center? _____ If so, which center:

Name some of your child's likes/special interests:_____



Please describe some of your child's:

Language needs: _____

Math needs: _____

Social/Emotional needs: _____

Does your child use comfort items at home? If so, what type? _____

Favorite Toy(s): _____

Favorite Book(s): _____

Parent Signature

Date