



Getting to know you

Today's date: _____

Child's Full Name: _____

Nickname (if any): _____

Child's birthday: _____

Parents' Email: _____

Home Phone: _____ Cell Phone: _____

Siblings (Names & Ages): _____

Any other Relatives at home? _____

Pets: _____

What primary language is spoken at home? _____

What other languages are spoken at home? _____

Nationality/ethnicity of mom: _____

Nationality/ethnicity of dad: _____

What holidays does your child celebrate at home?

Does your child usually take a nap? _____ If so, how long? _____

What time is bedtime at home? _____

Is your child potty trained? _____

If not, when do you anticipate introducing toilet training? _____

If yes, does your child need to be reminded? _____

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

List a few things your child can do independently (ex: drinking from cup, using utensils):

Has your child participated in any social activities? Yes () No ()

If yes, please explain: _____

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

Any concerns with your child's behavior?

Please describe some of your child's:

Language skills: _____

Math skills: _____

Social/Emotional skills: _____

List some of their favorite activities, songs, etc. :

Parent signature _____