

Getting to Know your Child



Please answer the following questions concerning your child. The more your teacher knows about your child, the better we will be able to meet their individual needs. Please feel to use back of form if needed.

NAME: _____ Nickname for School: _____

Known allergies or medical concerns: _____ (additional paperwork required)

Permission for picture use signed? _____ Yes _____ No, thank you

Parent's Names _____ Siblings at St. Luke's _____

Mother's Occupation _____ Father's Occupation _____

- 1) Language(s) spoken at home. _____
- 2) Family member's names & ages of siblings. (including any pets) _____

- 3) How does your child separate from you? _____
- 4) Has your child gone to or participated in group activities without you? Please explain.

- 5) Does your child still use a security object (blanket, stuffed toy, etc.)? _____
- 6) What are your child's favorite toys and interests? (animals, cars, dinosaurs, crafts) _____

- 7) Does your child have any fears or behavioral habits? (loud noises, strangers, biting nails, aggressive) _____
How does your child react and how do you handle it? _____
- 8) What do you believe to be your child's personality, (shy, risk-taker, easy going, outspoken) _____

- 9) How well developed are your child's language skills? _____
- 10) What do you believe to be your child's strengths? _____
- 11) What do you believe to be your child's weaknesses? _____
- 12) Do you have any concerns about your child? _____
- 13) Other information you would like to share about your child or family circumstances. _____

- 14) Is your child completely and independently potty trained? (Please give some detail about how they use the bathroom facilities (standing, sitting) _____
- 15) What would you like your child to gain from our program? _____
- 16) Have you ever had concerns about or had your child tested for?
_____ Speech _____ Hearing _____ Language _____ Developmental Growth
If so, please explain results or share testing with us Thank You.
