

# Getting to Know your Child



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

Name \_\_\_\_\_ Nickname for School \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_ (additional paperwork required)

DOB \_\_\_\_\_ Photo permission granted for classroom use? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

Parent/Guardian 1 Occupation \_\_\_\_\_ Parent/Guardian 2 Occupation \_\_\_\_\_

Siblings at St. Luke's Little School \_\_\_\_\_

1. Language(s) spoken at home \_\_\_\_\_

2. Family members names, ages of siblings, 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 use a security object (blanket, stuffed toy, etc.)? \_\_\_\_\_

6. What are your child's favorite toys and interests? \_\_\_\_\_

7. Does your child have any fears or behavioral habits? (loud noises, strangers, biting nails, aggression) \_\_\_\_\_  
\_\_\_\_\_

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, outgoing) \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

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 the following:

\_\_\_\_\_ Speech \_\_\_\_\_ Hearing \_\_\_\_\_ Language \_\_\_\_\_ Developmental Growth

If so, please explain results or share testing with us, thank you. \_\_\_\_\_  
\_\_\_\_\_