

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 _____ Male _____ Female _____ 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. _____
