

Dear Parents,

Please help your child's teacher get to know him/her by filling out this form. All the information will be confidential and will be used only by your child's teacher in planning for his development. Please return it to school as soon as possible.

Thank you!

Child's name _____
 first middle last

Address _____

Nickname used by the family _____

Date of birth _____ Place of birth _____

Does your child live with: _____ both parents _____ one parent _____ other adults
(please specify) _____

Names and ages of brothers _____

Names and ages of sisters _____

Pets (Name and type of animal) _____

Does your child have a room of his/her own? _____ If not, with whom does the
child share a room? _____

Which of these words best describes your child?

_____ lack self control or _____ uses self control

_____ independent or _____ dependent

_____ pleasant or _____ disagreeable

_____ attentive or _____ inattentive

_____ follow directions or _____ does not follow directions

_____ confident or _____ shy

In what ways is your child different from other children? _____

What are your child's favorite play activities and interests? _____

What are your child's favorite T.V. programs? _____

How many hours a day does your child watch T.V.? _____

Does your child usually play _____ alone? _____ with one friend?

_____ with many children? _____ with a few children? _____ with other children?

_____ with younger children? _____ with children of the same age?

Is your child's play limited to the yard? _____ to the block? _____

Into how many homes does your child go frequently? _____

Is your child enrolled in any special group? _____

Has your child traveled out of town? _____ Where? _____

What are your child's responsibilities at home? _____

What does your child enjoy doing with the family? _____

How does your child get along with other children? _____

How does your child get along with other adults? _____

What is your biggest discipline problem? _____

How do you discipline your child? _____

How do you think your child will adjust to school? _____

What fears does your child have? _____ animals _____ dark _____ storms

_____ strangers _____ other _____

Does your child have any nervous habits? _____

Is your child right or left handed? _____

How does your child feel about going to school? _____

What do you hope your child will learn this year? _____
