

Getting to know you!

You know your child best! Please share some information to help us get to know your child.

CHILD'S NAME: _____ NICKNAME: _____

What are your child's favorite things/activities?

What are your child's strengths?

What goals do you have for your child?

Is this your child's first school experience? YES NO

Does your child separate easily from you? YES NO

Does your child have any fears?
YES _____ NO

How would you describe your child?

**Please fill out the back side
as well!!**

MY
FAMILY

Siblings (ages too)	
Pets	
Other Family Members (who live in the same house)	

Has your child used (check all that apply):

Crayons _____ Paint _____ Glue _____ Scissors _____ Markers _____

Does he/she:

Play with puzzles? Y N Listen to music? Y N

Like to color? Y N Listen to stories? Y N

Play well alone? Y N Play well with other children? Y N

Are any other languages spoken at home? If yes, what languages?

Is your child able to use the bathroom independently? YES NO

If not, what will they need help with (wiping, adjusting clothes, etc.)?

When your child requires redirection, what method works best?

Does your child have an IFSP or IEP? YES NO

**If so, please provide a copy so we can best meet your child's needs.*

Does your child receive special services for speech, physical or occupational therapy, etc.? If yes, what services?

Other information we should know about your child?