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☐

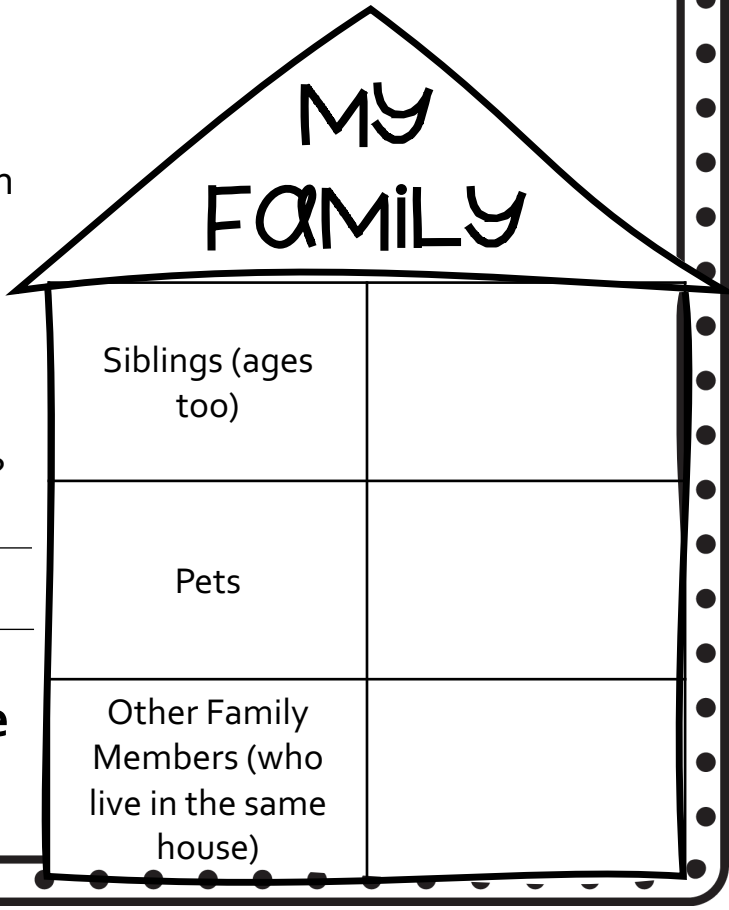
Does your child have any fears? YES _____ NO☐

How would you describe your child?

_____

_____

Please fill out the back side as well!!



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?