



Getting To Know Your Child (from the teachers)

Thank you for taking the time to provide your child's future teacher with this information.

Student's Legal Name: _____

Name to be used in school: _____

Student's age entering preschool: _____ Date of birth: _____

Parent Communication (complete all sections) Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Allergies: _____

Student lives with (Circle all that apply) : Mother Father Step-mother Step-father Grandparent(s)
Foster Parents Other _____

Siblings:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Student has previously attended a preschool: _____

Student has previously or is currently receiving special services (Circle all that apply) :

Speech Counseling Physical Therapy Occupational Therapy Other _____

5 words that describe your child and his personality are ...

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-
-
-
-

what motivates your child?

what kind of things upset your child?

Is there anything else I should know in order to best work with your child?