

Thank you for sharing information about your child to help support their transition into the classroom while allowing us to provide individualized guidance and learning opportunities.

Child's Name: Date:

How well do I:	Not so well		Ve	ry Well	Thoughts through my parent's lens:			
do in the morning?	1	2	3	4	5			
do in the afternoon?	1	2	3	4	5			
do in the evening?	1	2	3	4	5			
respond to bedtime routines?	1	2	3	4	5			
nap?	1	2	3	4	5			
eat lunch?	1	2	3	4	5			
eat dinner?	1	2	3	4	5			
play with adults?	1	2	3	4	5			
play by myself?	1	2	3	4	5			
play with another child?	1	2	3	4	5			
play in a small group?	1	2	3	4	5			
play in a large group?	1	2	3	4	5			
play inside?	1	2	3	4	5			
play outside?	1	2	3	4	5			

play with younger children?	1	2	3	4	5	
play with older children?	1	2	3	4	5	
do when children sit near me?	1	2	3	4	5	
do when children sit further away?	1	2	3	4	5	

How do I let people know:
I am angry or upset (for example: crying, screaming, etc.)?
I am happy (for example: laughing, hopping, etc.)?
I want something (for example: reaching, talking, etc.)?
I don't want something (for example: push away, say NO, etc)?
I like something (for example: smiling, talking, laughing, etc)?
I don't like something (for example: crying, throwing, talking, etc.)?
What helps me when I am:
angry?
scared?
What makes me angry/upset?
What makes me happy/excited?

What do I "get" or "get out of" when I use challenging behavior?

What happens just before the behavior?	BEHAVIOR: Describe exactly what the behavior looks like.	What do adults/siblings do when problem behavior occurs?	Why might they be doing this?				
		M . /5 (1 .)	To get:				
EXAMPLE: He is told to go to the bathroom to take a bath.	He screams, runs to the other end of the house, and drops to the ground kicking.	Mom/Dad chase after him. When he drops and kicks we back off and wait him out.	To get out of: taking a bath until he is ready (delays going to take a bath)				
			To get:				
			To get out of:				
			To get:				
			To get out of:				
			To get:				
			To get out of:				
			To get:				
			To get out of:				
My Preferences: My teacher wants to know about toys/activities:							
My Favorite:		My Least:					
My teacher wants to know about food:							
My Favorite:		My Least:					
My teacher wants to know about people in my life with whom I:							
Behave well:		Have behavior problems:					

blocks/legos	dress up	pretend cooking	g compu	ter c	oloring:	paints			
sand table	water table	books c	utting po	asting	play doug	h/gak			
baby dolls	cars/trains	outside play	action fig	gures	real cookii	ng			
other:									
My Screen Time:									
My teacher wants to know how much screen time I get each school day:									
None	30 minute or less	1 hour	2 hours	3+	hours				
My teacher wants to know how much screen time I get each non-school day:									
None	30 minute or less	1 hour	2 hours	3+	hours				

My teacher wants to know what activities I like:

Other special notes: