

Tell Us About Your Child

Names and ages of brothers/sisters: _____

Number of other members of the household besides immediate family: _____

Name: _____ Relationship: _____

How does your child react to new situations? _____

How does your child react to meeting new adults? _____

Does your child tend to be exceptionally shy? _____

Does your child have any particular fears? _____

Has your child had any previous group experience? _____

Where? _____

Describe your child's personality in two or three words: _____

Has your child received any outside services (i.e., Early Intervention, speech therapies, etc.)? _____

If yes, please explain: _____

Please add any comments which might help us to work with your child: _____

How did you hear about our school? _____

