



Getting to Know You!



Child's Name: _____ Nickname(s): _____

Who does your child live with?

Adults:

Children:

| Name | Relationship |
|------|--------------|
| | |
| | |
| | |

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
| | | |
| | | |

Tell us about your pets! _____

Parent's or Guardian's Occupations:

Title/Place of Business: _____

Title/Place of Business: _____

What          do you say to comfort your child? Does your child have a special item to comfort them?

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other (frustrated/embarrassed): _____

How does your child react when:

S/He meets new people: _____

S/He is scared: _____

Something unexpected happens: _____

Something s/he doesn't like happens: _____



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Are there any activities that seem to make your child uncomfortable?

Has your child attended child care in the past? _____ Where? _____



Sleep Habits:

What time does your child go to bed? _____

What time does your child wake up? _____

What is your child's mood upon waking? _____

Does your child nap? _____ Do you want your child to nap at school? _____

Bathroom Needs:

Does your child use the toilet independently? _____

Is there any information we need to know so we can help your child?

Speech:

What language(s) does your child speak? _____

What language(s) is/are spoken in your home? _____

Do you have concerns about your child's speech? _____

If yes, please explain: _____

Events at home often influence a child's behavior (i.e. a new sibling, divorce, moving).

Has anything happened recently in your child's life that may effect him/her? _____

Is there anything else you'd like to share about your child?

