

Small World Learning Center
HELP YOUR CHILD'S TEACHER GET ACQUAINTED WITH YOUR CHILD

Child's Name _____ Nickname _____

Age _____ Child's Birthdate _____

Previously, my child was cared for by _____

There were approximately how many children around your child for most the day _____

I would say that his/her day was relatively Structured Unstructured

Special family situations _____

Does your child have any special fears or problems? _____

Does your child require any medications? _____

Disabilities (please be specific) _____

Child's way of communicating and being comforted? _____

Special words and their meanings _____

Describe my child as (shy, outgoing, a leader, strong willed, etc.) _____

Sibling Names and Ages _____

Is your child potty trained Yes No

What does your child say when he/she wishes to use the toilet? Yes No

Does your child need help with:

Dress Undress Eating Washing Hands Toileting

Eating Habits

Dietary Restrictions _____

Any special eating habits? _____

How long does eating usually last? _____

Food allergies? _____

Sleeping Habits

My child generally take a nap? Yes No Lasts around _____ hours

Special sleep items (doll, blankets, etc.) _____

Special hints to help at naptime _____

Learning and Fun

Favorite Characters, Games, Songs and/or Books _____

Special likes and enjoyable activities? _____

Does your child have any other friend/acquaintances at Small World _____ Who? _____

Please tell us anything you'd like us to know about your child _____
