

Getting Acquainted with Your Schoolager

Child's Name: _____ Nickname: _____

Home

Child lives with (check all that apply)

Mother Father Stepparent Foster parent

Other(s) _____

Siblings (names, ages): _____

Pets: _____

Ethnicity: _____ Home Language: _____

School

Current grade: _____ School: _____

My child (circle one) loves likes tolerates dislikes hates school

_____ I would like my child to work on homework after school during "Homework Time"

_____ I would like my child to save homework for home.

Extracurricular activities: _____

Social/Emotional

Describe your child:

follows the leader or leads the followers separates quickly or needs a transition separate

has a few special friends or befriends everyone moved to tears easily or not to sensitive

complies quickly or is strong-willed flexible or routine dependent

Does your child have any strong fears? Yes No If yes, list _____

How does your child express emotions? _____

What discipline/ guidance strategies do you utilize at home? _____

Has your child presented any challenging behaviors outside of expected school age behaviors?

Describe? _____

How were issues resolved effectively? _____

What responsibilities/chores does your child have at home? _____

Eating Habits

Does your child eat well? _____

Known food allergies: _____

Specific food likes: _____

Dislikes: _____

Describe mealtime routines at home: _____

Sleeping Habits

When does your child typically wake? _____ Go to bed? _____

Physical/Cognitive

Does child have any physical or learning limitations that would hinder participation or make him/her feel uncomfortable in the classroom? Y N

If yes, explain:

Favorite activities: _____

Special interests: _____

Does your child have any Mongolian spots? Describe location and shape.

Does your child have an Individualized Education Plan (IEP)? Y N

If yes, provide a copy to The Learning Community and a conference will be scheduled to discuss implementation of the IEP.

Health

Know allergies, reaction and treatment: _____

Medical Conditions: _____

Medications taken on a regular basis:
