



Student Information Sheet

This form is meant to help our teachers get to know your child!

Child's Name: _____

Nickname: _____ Date of birth: _____

Full term or premature birth? If premature, how much? _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship: _____ Relationship: _____

Place of Employment: _____ Place of Employment: _____

Occupation: _____ Occupation: _____

Siblings (names and ages): _____

Do you have any family pets? If so, give type and name: _____

Does anyone else live at home? If so, name and relation: _____

What is the primary language spoken at home? _____

If the primary language is not English, how proficient is your child? _____

Does your child have any physical or social concerns the teacher should be aware of? _____

Can your child be relied upon to indicate bathroom needs? _____

Word for urination _____ Word for bowel movement _____

What time does your child go to bed? _____ Does s/he nap? _____

In general, what are your child's feelings about school?

Does s/he have prior school experience? _____. If so, please describe: _____

Does your child have any particular fears or anything you think would be helpful for the teacher to know?

Does your child have experience playing with other children? _____

Please describe: _____

What methods of discipline are used at home? _____

What are your child's favorite toys or activities at home?

Is there any food that should NOT be offered to your child? _____

Is there a particular way the teacher may help your child this year?

Is there anything else that you think would be helpful for the teacher to know?

• • • Looking forward to a great year! • • •