

Date _____ Parent or Guardian's signature _____

GETTING ACQUAINTED

Please help us get acquainted with your child by answering the following questions. All **responses** will be **shared only with** your child's **classroom teachers** and will be treated confidentially.

Please feel free to add any information or make any comments you wish.

CHILD'S NAME _____ **DATE OF BIRTH** _____

Name and ages of brothers and sisters:

1. _____ 3. _____
2. _____ 4. _____

Name and ages of other children living in the household:

1. _____ 3. _____
2. _____ 4. _____

List all adults living in your child's home:

The main language spoken in the household is _____

Child speaks English clearly:

- occasionally
 sometimes
 mostly

Child understands English:

- occasionally
 sometimes
 mostly

My child needs assistance or has difficulty with (**check all that apply**):

_____ Toileting _____ Eating _____ Taking medication
_____ Dressing _____ Brushing teeth _____ Other (specify)
_____ Drinking _____ Taking a nap _____

Explain how:

What does your child say when he/she has to use the toilet?

Does your child take a nap? yes no

What subjects does your child ask questions about?

What play materials seem to hold your child's attention the longest?

About how much waking time during the day does your child spend:

Playing alone? _____ Playing with other children? _____ Watching television? _____

Does your child seem more at ease with adults or children? _____

What are the television programs that your child regularly watches?

Does your child like to pretend play? If so, in what way? _____

What opportunities does your child have to play with children other than your family? (eg: Library story hour, Playgroup..)

How does your child respond to a stressful situation: (eg: thumb sucking, nervous chatter, whining, shyness...) _____

Are you aware of any fears or anxieties that your child may have? If so, what are they? _____

Have there been accidents, deaths, or serious illnesses in your family within your child's life experiences? _____

Because of your religious or cultural background are there any celebrations or activities that you don't want your child to participate in such as birthdays, holidays, etc. _____

Are there any customs or traditions from your culture that you would be willing to share with the class? _____

To be answered by BOTH parents, if possible:

1. Describe one or two situations in the past year where your child has done something that you thought was special.

2. What incident may have occurred in the last week or month with your child that has moved you or left you intrigued?

HEALTH FACTS ABOUT YOUR CHILD

Was this child born premature? yes no Birth weight ___lbs. ___oz.

Were there any complications during pregnancy? _____ Labor? _____
Delivery? _____

Did this child have any medical problems after birth? yes no
If yes, explain _____

Has your child's vision been tested? yes no
If yes, does he/she have a vision problem? _____

Does he/she have frequent ear infection or tubes in ears? yes no
If yes, has your child's hearing been tested? _____

LIST ANY ALLERGIES AND REACTIONS OFTEN NOTED:

FOOD _____

POLLENS _____

TOPICAL (soap, lotion, etc.) _____

BEE STINGS _____

ANY SPECIAL HEALTH RESTRICTIONS? yes no

If yes, explain _____

List of any prior hospitalizations for operations, illnesses, accidents:

List any medication that is administered on a regular basis to your
child: (ie: asthma, allergy medication, etc.)

Indicate "DNA" if it does not apply to your child

Special Care Plan

Is your child seeing a medical specialist (e.g., occupational therapist, physical therapist, speech and language)? yes no

If yes, what kind and why? _____

Name of the Specialist _____

Telephone number _____

Are special materials/equipment needed for your child while they are here in the school? yes no

If yes, explain _____

Are there any accommodations which the school must provide for your child? yes no

If yes, explain _____

Are special emergency and/or medical procedures required? yes no

If yes, what procedures are required? _____

Are there particular instructions for the staff that pertain to sleeping, toileting, or eating? yes no

If yes, explain _____
