



Getting To Know Me!
Please tell my teachers about:
(This is kept in your child's classroom)

Date: _____

Child's Name _____ Room Number: _____

Birthdate: _____

Nickname or special name: _____

Address: _____

Parent Name: _____

Home Phone: _____ Parent Work Phone: _____

Parent Occupation: _____ Company: _____

Cell Phone: _____ Email: _____

Parent Name: _____

Home Phone: _____ Parent Work Phone: _____

Parent Occupation: _____ Company: _____

Cell Phone: _____ Email: _____

Please let us know what languages are spoken at home (Does your child speak another language?)

Does your child have any allergies? (food/medication/environmental/etc.): _____

Does your child need to nap at school? _____ What time? 1:00pm, 2:30pm or other? _____

Our home consists of (names & relationships, pets) _____

Has your child been in preschool or childcare before? Where? How long? _____

In order to provide the best possible care for your child, please answer the following questions:

Does your child have any special needs? Yes (If yes, please explain) No

- a. Has your child had any assessments by a specialist (speech, hearing, occupational therapy, psychologist, etc.)? _____
- b. Have you attended an IEP (Individual Education Plan) for your child? If yes, where & when?

Are there any special services that your child is receiving or has received?

- | | |
|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Regional Center Client |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Behavioral Therapy |
| <input type="checkbox"/> Other | |

Does your child spend time in more than one home? If so, what is his/her schedule (every other week, 2 days on/2 days off)

Anything else you would like us to know about your child? _____
