



# 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?

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

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

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Does your child have experience playing with other children? \_\_\_\_\_

Please describe: \_\_\_\_\_

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What methods of discipline are used at home? \_\_\_\_\_

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

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

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

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

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