

TEACHER INFORMATION

Child's Preferred Written Name _____ Birthdate _____

Name Called in Class _____ Male/Female (circle)

Address _____

Home Phone _____ Cell _____ Work _____

Email Address _____

Father Occupation _____ Mother Occupation _____

Names of Family Members Living at Home:

Mom _____ Dad _____

Siblings(names/birthdates) _____

Other _____

Who cares for your child on a daily basis?

Parents/Day Care Provider (circle) Other(specify) _____

Does your child hear a language other than English at home? _____

Does your child speak a language other than English? _____

If yes, the language is _____

Previous or current child day care programs and /or schools attending: _____

Physical Development/Allergies

Are there any medical problems of which we should be aware?

Please explain: _____

Does your child have any allergies (food, medicine, insects etc.)? Please List _____

Has your child had a hearing or speech evaluation? Yes/No (circle)

Does your child have an IEP (Individual Education Plan)? Yes/No (circle)

Does your child play primarily with adults, children or alone? (circle)

Does your child have specific fears? _____

Please add comments that will help us get to know your child _____

Parent Signature _____ Date _____