

West Chester Cooperative Nursery School

Information for Your Child's Teacher

Please fill out both sides of the form completely.

Your answers help to improve your child's preschool experience. Feel free to use another sheet of paper if additional space is needed. This information is for the teacher only and will **NOT** be made available to other parents in the school.

Child's Name	Name usually called:	Name you want your child to learn to write:																					
Address	Home Phone	Cell Phone	Birth date:																				
Father's Name	Occupation	Place of employment																					
Mother's Name	Occupation	Place of employment																					
Name and ages of siblings		Family Pets																					
Which hand does your child favor? <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Not obvious at this time																							
Does your child write their first name? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can write some letters																							
Has your child attended any preschool program prior to this year? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Where: <input type="checkbox"/> WCCNS <input type="checkbox"/> Other What years?																							
Did your child enjoy their experience?																							
What activities does your child enjoy the most?																							
What social/play experiences has your child experienced other than preschool (dance, sports, Sunday School, etc.)?																							
Please describe your child's personality. Please check all that apply and add any additional information. <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Happy</td> <td><input type="checkbox"/> Aggressive</td> <td><input type="checkbox"/> Friendly</td> <td><input type="checkbox"/> Moody</td> <td><input type="checkbox"/> Clumsy</td> </tr> <tr> <td><input type="checkbox"/> Dependent</td> <td><input type="checkbox"/> Stubborn</td> <td><input type="checkbox"/> Impulsive</td> <td><input type="checkbox"/> Fearful</td> <td><input type="checkbox"/> Quiet</td> </tr> <tr> <td><input type="checkbox"/> Good-natured</td> <td><input type="checkbox"/> Even-tempered</td> <td><input type="checkbox"/> Attentive</td> <td><input type="checkbox"/> Sympathetic</td> <td><input type="checkbox"/> Shy</td> </tr> <tr> <td><input type="checkbox"/> Cries Easily</td> <td><input type="checkbox"/> Nervous</td> <td></td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Happy	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Friendly	<input type="checkbox"/> Moody	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Dependent	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Fearful	<input type="checkbox"/> Quiet	<input type="checkbox"/> Good-natured	<input type="checkbox"/> Even-tempered	<input type="checkbox"/> Attentive	<input type="checkbox"/> Sympathetic	<input type="checkbox"/> Shy	<input type="checkbox"/> Cries Easily	<input type="checkbox"/> Nervous			
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Please describe your child's strengths...

Please describe your child's weaknesses...

Does your child play well alone? In groups?

Does your child accept correction easily?

What method of discipline or behavior control do you use at home?

How does your child handle new situations?

Does your child have any fears? No / Yes, describe:

Does your child have any health problems, allergies? No / Yes, explain:

Does your child take any medications on a daily basis? No / Yes, explain:

Why did you choose WCCNS for your child's preschool experience?

What do you want your child to get out of preschool this year?

Do you or your spouse have any special interests or talents to share with the class? No / Yes, explain:

WCCNS would like to include everyone's family traditions. What holidays does your family celebrate? Not celebrate?

Please include any other information that would be helpful for the teacher to know about your child.