

I Am Special

Your child is very important to us and we would like to get to know him/her better. In order for us to meet the needs of your child, we ask that you complete the following form and return it to your child's teacher.

Child's Name: _____ Nickname: _____ Birth date: _____

Preschool Experience:

- Part-Time Preschool In-Home Day Care Day Care Center
 Stayed at Home Relatives/Neighbor Sunday School

Personal Favorites:

Toy: _____ Game: _____
Color: _____ Song/Book: _____
Activity: _____ Pet: _____

Personal/Health History:

- Right Handed Left Handed

Potty Trained: _____ Frequent Accidents: _____

Speech Difficulties: _____

Frequent Ear Infections: _____ Tubes: _____

Allergies: _____ Medications: _____

Social Relationships:

Previous group Experience: _____

By nature my child is: Friendly Aggressive Shy Withdrawn

Knows the following children in our school: _____

How does your child express feelings? _____

How do you discipline? _____

Plays well with others? _____

Educational Experience:

Has experience with the following:

- Computer/Ipad Scissors Easel Painting Finger Painting
 Blocks Water Play Listening School Setting

Letter Recognition: _____ I can count to: _____

Knows Colors: _____ Knows shapes: _____

Eating:

Special Dietary needs: _____

Food Allergies: _____

Special Hints/Concerns regarding mealtime: _____

Favorite Food: _____ Food Dislikes: _____

Sleeping:

Bedtime PM: _____ Awakens AM: _____

Takes Naps: _____ How Long? _____

Comments: In what way can we help your child this year? What do you hope your child will gain from this preschool experience? _____

Additional Comments: _____

