All About Me!

Please print clearly

All About: *(child's preferred name)* _____ Birthday: _____

Child's Full Name: _____ Primary Phone:_____

Parent/Guardian Name(s): _____ Work Phone(s): _____

Email Address(es): _____

Part A:
Please complete from your child's perspective.

I have _____ brothers & _____ sisters, their names and ages are:_____

_____

Also living in my house is: *(please list anyone who lives in your house including pets)* _____

_____

Three (3) adjectives to describe me are: 1._____

2._____

3. _____

My favorite toys, games, and activities are:_____

_____

I am really good at:_____

I sometimes have trouble with:_____

I do not like to: _____

And I don't like it when:_____

I can be scared by:_____

When I am angry or frustrated I:_____

When scared, angry, or frustrated, I like to be comforted by:_____

I am _____ excited to come to school, _____nervous to come to school. *(check one)*

At school I want to:_____

Please complete the opposite side.

Child's Name: _____

Part B:
Please complete from parent/guardian perspective.

Are there any special situations in your home life that we should know about? *(i.e., health concerns in your household,*

*custody arrangements, etc.)*_____

_____

Does your family have any religious beliefs, or other customs, or traditions that we should be sensitive to here

at BHPCNS? _____

_____

Do you anticipate any adjustment issues for your child starting BHPCNS? ____ yes ____no

If yes, so you have any suggestions on ways we can ease your child's transition to school? _____

_____

What are your expectations for your child's school year? _____

_____

At home, my child and I are working on: _____

_____

My child might need help with: _____

_____

Due to your child's allergies, reactions, and/or religious beliefs, are there any foods that should not be served to

your child? Yes____ No_____

If yes, please list these foods:_____

Would you like to have a meeting with your child's teacher and/or Director to discuss any issues or concerns

regarding your child prior to the start of the school year? Yes___ No___

If yes, please indicate what you would like to discuss any diagnosed or suspected:

____ Medical/health/allergy issues ____Developmental issues, i.e. speech ____Behavioral issues

Other, please describe:_____

What is the best way to reach you to schedule a meeting to discuss any of the information contained in this

questionnaire?*(Email or phone (indicate best time to call))*_____

Parent/Guardian Signature: _____Date:_____

This information is for confidential use only. It will be shared with your child's teacher and stored in
your child's file in the school office.