



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.

Part B:

Please complete from parent/guardian perspective.

Share with us something special about your child: _____

Are there any 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 of which you would like us to be aware? _____

Do you anticipate any adjustment issues for your child starting BHPCNS? ____ Yes ____ No

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

What is important to you in raising your child? _____

At home, my child and my favorite activities are: _____

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.