



Let Us Know About Your Child

Child's Name: _____

1. Does your child have any allergies? (If yes, what and how should we respond?)
2. Does your child need assistance with toileting? (If yes, how best can we help?)
3. Does your child have any special fears?
4. How does your child communicate their needs?
5. Are there any special words that your child uses that might not be readily recognized?
6. How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?
7. When your child gets upset, what helps them calm down?
8. How do you put your child down for naptime?
9. What are your child's favorite foods?
10. Does your child use utensils, eat with fingers, or feed themselves?
11. Does your child easily gag or choke on food?

12. Does your child actively play with others? (if yes, are then gentle, rough, excited, reserved, etc.)

13. When are the parent's/guardian's birthday's? (or any other special dates that we can talk about and celebrate in class)

14. Does your child have siblings? (If yes, please list names and ages so we can talk about them in class)

15. Are there any pets in your home? (If yes, please list what kind and names so we can talk about them in class)

16. What do you feel are your child's strengths?

17. Describe your child's social skills.

18. Is there anything that upsets or easily frustrates your child?

19. Does your child have a favorite color?

20. Is there anything else we should know about your child?