

All About Me

Child's Name _____ DOB: _____

1) Identifying Information: Eye color _____ Hair Color: _____ M/F

2) Height: _____ Weight: _____ Identifying Marks: _____

3) Type of Birth: _____ Any complications? _____

4) Age began: Crawling: _____ Walking: _____ Talking: _____

5) Any Speech Difficulties? If so What? _____

6) What is your child's primary Language? _____ Secondary: _____

7) Has your child experienced a serious injury, illness, or hospitalization? Please explain:

8) What is your child's reaction to strangers? _____

9) Does your child nap? _____ What time? _____ How long? _____

10) What is your child interested in? _____

11) Does your child have any allergies? _____

12) Does your child dislike any particular foods? _____

13) Is this your child's 1st group experience? _____

14) Does your child have any particular fears? _____

15) Does your child have any comfort items that they will use at school? _____

16) Does your child have any special needs that we should be aware of? _____

17) Is there anything that you feel we should know in order to help your child transition to school?
