



Student and Family Information Sheet

(Please complete and return on parent night)

Child's Name _____ Nickname (if any) _____

Who is in your child's immediate family?

Who lives at home with your child?

What is the primary language spoken in the home?

Are there any special living arrangements like shared parenting, living in two homes etc.?

Are there any recent changes or transitions that your child has experienced that we should be aware of?

Are there any cultural or religious practices that we need to be made aware of?

Do you have any pets in the home? If so, what are their names?

Has your child ever been in a care arrangement? Private home? Center based? Family only?

Please describe your child:

Are there personality traits that you feel we should be aware of?

What causes your child to feel frustrated or angry?

What causes your child to be fearful?

What methods do you use to respond to negative behavior?

Does your child use any comfort items?

Does your child still have accidents? ___never ___occasional ___frequent ___bowel ___bladder

Does your child have accidents when sleeping?

Does your child recognize when he/she needs to go to the bathroom?

Does your child need assistance with clothing or wiping in the bathroom?

Does your child nap? How long?

What might you or your child be anxious about as he or she starts the program?

What might you or your child be excited about as he or she starts the program?

What are your expectations of the program?

Comments:

Signature _____ Date _____