



## Information for Classroom Teachers

*(To be completed by Parent)*

Please list other family member names, ages and gender that live in the household: \_\_\_\_\_

\_\_\_\_\_

Do you have any pets at home? If so, what kind and what are their names? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Has your child had any previous group experiences? (Sunday School, Playgroup, Preschool, etc.)

\_\_\_\_\_

\_\_\_\_\_

Other than siblings, does your child have playmates? \_\_\_\_\_

What are your child's special interests and activities? \_\_\_\_\_

\_\_\_\_\_

What do you consider to be your child's strengths? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been tested by a professional in any area regarding child development delays? (i.e. speech, physicals, developmental delays, etc.) \_\_\_\_\_ If yes, please explain or attach reports. If no, do you have any concerns? \_\_\_\_\_

\_\_\_\_\_

Please explain any special needs or concerns you have in regards to your child attending our preschool: \_\_\_\_\_

\_\_\_\_\_

Do you feel and adaptations need to be made to accommodate your child? \_\_\_\_\_

\_\_\_\_\_

List all allergies and include and special precautions and treatments for these allergies:

\_\_\_\_\_

\_\_\_\_\_

**--Continued on reverse--**



Signature