

# Please Introduce Us to Your Child

## School-Age Program



Date	
Child's Full Name	
Name called	
Parent/Guardian Name	Profession
Parent/Guardian Name	Profession
Other children in the family (names and ages)	
What adults live at home	
If parents/guardians are separated, does child have adjustment problems?	
Family pets (names)?	
Favorite play materials	
Does your child have a good experience in his/her neighborhood?	
Does your child enjoy playing alone?	
Does your child enjoy books?	Music?
What activities do you share with your child?	
What causes your child to show his/her temper?	
What form of discipline is your child used to?	
Is your child afraid of anything?	
If so, how are you dealing with it?	

**\*Please see next page**

Do you know of or suspect any difficulties in sight, hearing, speech, learning, other?
List any allergies
Symptoms
Now take it from here and tell us about your child.

**Note: this information is for the confidential use of teachers.**