

Child Information

List your child's hobbies or interests _____

List any foods your child likes or dislikes _____

Child's sleeping habits: Likes to be rocked _____ Special toy in bed _____ Thumb sucking _____
Special blanket _____ Night light _____

Does your child enjoy playing with other children or do they prefer playing alone? _____

How does your child react in new situations? _____

Does your child seem reluctant to be left in the care of others? _____

Does your child express fear of: _____ People _____ Darkness _____ Dogs _____ Loud Noises _____ Other _____

What methods of discipline work best with your child? _____

Does your child have angry outbursts, temper tantrums, or sullen spells? If yes, how do you handle these situations?

Please describe any concerns or expectations regarding your child's preschool/kindergarten education:

Is there any other information you would like to share with your child's teacher that may be helpful?

Parent/Guardian's Name

Date