



INFORMATION SHEET FOR THE TEACHER

Child's name and nickname: _____

Date of birth: _____

Child lives with (please include names, ages, and relationships):

Pets (names and types): _____

Parents' Occupation: _____

Best phone number to call _____

Best time to call _____

People authorized to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFORMATION

Describe your child's general health:

Does your child have an existing medical condition we need to be aware of?

Please list any allergies or food restrictions.

GENERAL INFORMATION

Please circle traits below that describe your child.

Happy	Aggressive	Friendly	Fearful
Moody	Dependent	Stubborn	Impulsive
Sympathetic	Energetic	Anxious	Attentive
Good-natured	Cooperative	Even-tempered	Quiet
Shy	Angry		
Other _____			

What activities does your child enjoy? Not enjoy?

Has your child undergone any major changes recently? (moving, sibling birth, etc)

What group experience has your child been involved in?

If you have any concerns about any aspect of your child's development, please share with us.

What is the most important thing you want us to know about your child?

What hopes do you have for your child's preschool experience?