

TELL ME ABOUT YOUR CHILD

Child's Name _____

Nickname (if any) _____



FAMILY INFORMATION

Please list siblings and ages: _____

Who does the student primarily live with? (Circle all that apply)

Mother

Father

Stepmother

Stepfather

Grandmother

Grandfather

Aunt

Uncle

Foster Parent

Would you like to share any information regarding religious background and/or holidays celebrated (or not celebrated)? _____

MEDICAL INFORMATION

Is your child supposed to be wearing glasses? _____

Are they for only for reading or to be worn all the time? (circle)

If your child IS supposed to be wearing glasses, will he or she have them at school?
_____ If not, please explain: _____

Describe any medical/physical conditions and food/medicine allergies your child has: _____

List any medications your child takes daily and reasons _____

ADDITIONAL INFORMATION

What can I, as a teacher, do to help your child be successful this year?

My child's favorite subject is _____

My child approaches learning with (check all that apply):

____ excitement ____ curiosity ____ reluctance ____ confidence ____ without interest

Does your child play any sports? If so, what sports?
