



# Child Information Sheet

(Double-Sided Form)

Date Completed: \_\_\_\_\_

Please help us get to know your child and family better by taking a few minutes to complete the questions below. The information is for use by your child's teacher only and provides the foundation for a consistent teacher-child-home connection throughout the school year.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name(s) of Siblings, others living in your household:

\_\_\_\_\_

What names does your child use for their grandparents?

\_\_\_\_\_

Do you have any pets? \_\_\_\_\_

Does your child have any allergies or medical concerns? \_\_\_\_\_ If yes, please list:

\_\_\_\_\_

Does your child have previous school experience? \_\_\_\_\_ If yes, where?

\_\_\_\_\_

Does your child still take a nap? \_\_\_\_\_ If so, for how long (on avg.)? \_\_\_\_\_

Which holidays do you celebrate?

\_\_\_\_\_

\_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

Please note the primary language your child uses: \_\_\_\_\_

Please list three activities your child enjoys: \_\_\_\_\_

Any activity your child does NOT enjoy? \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

Least favorite foods? \_\_\_\_\_

What fears does your child have? \_\_\_\_\_

How do you comfort them? \_\_\_\_\_

What words/actions does your child use when needing to use the bathroom?  
\_\_\_\_\_

Does your child follow a bedtime routine easily? \_\_\_\_\_

Is your child a "morning" person? \_\_\_\_\_

Does your child follow a morning routine easily? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Their challenges? \_\_\_\_\_

Does your child try new things independently or need encouragement?  
\_\_\_\_\_

How does your child interact with/react to the following? (For example: shy, talkative, anxious, outgoing, etc.)

- Peers? \_\_\_\_\_
- Family members? \_\_\_\_\_
- Other adults? \_\_\_\_\_

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What expectations do you have for your child in school this year? What is the MOST important thing you would like your child to learn this year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any skills, talents, interests, access to services, and so on that you as parents would be willing to share with SPNDS? \_\_\_\_\_  
\_\_\_\_\_

\*If your child has experienced trauma and you are willing to share this information, please attach a separate note about it. Please know all information shared will be kept confidential.

We're looking forward to a wonderful school year!

Form Completed by \_\_\_\_\_ (please sign)