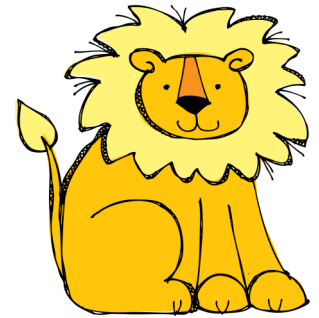




# Student Information Sheet



Please fill in the information about your child return to teacher.

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Siblings and/or Grandparents: (This helps us spell names correctly on your child's art.)

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Describe Your Child:

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What are your goals for you child this year?

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What allergies, health issues, or limitations, if any, does your child have?

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What languages are spoken in your home?

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Does your child nap at home? If yes, how long?

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What fears does your child have?

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What is the best way to comfort your child?

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Has your child attended daycare or preschool previously?

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Anything else we should know about your child?

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Any additional questions, comments, or concerns?

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What form of communication is best for you?

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Written Note

Is it okay to contact you at work?    Yes    Only in an emergency