

Getting to Know Your Child

Help me learn all I need to know to
Help your child have an enjoyable and successful year!

Your Child's Full Name _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> First Middle Last </div>	
Name your child wants to be called at school _____	
1. My Child's Favorite Things Toy _____ Color _____ Book _____ Movie _____ Other _____	2. What responsibilities does your child have at home? _____ _____ _____ _____
3. What skills has your child acquired? (Check all that apply) <input type="checkbox"/> Knows birthday <input type="checkbox"/> Can button own clothing <input type="checkbox"/> Can tie shoes <input type="checkbox"/> Can zip own zipper <input type="checkbox"/> Recognizes capital letters <input type="checkbox"/> Recognizes lowercase letters <input type="checkbox"/> Knows colors <input type="checkbox"/> Knows letter sounds <input type="checkbox"/> Can print first name <input type="checkbox"/> Can count to ____ (how far) <input type="checkbox"/> Recognizes numbers to ____ <input type="checkbox"/> Experience using scissors	4. My child likes to (Check all that apply) <input type="checkbox"/> Listen to stories <input type="checkbox"/> Play with other children <input type="checkbox"/> Play outside <input type="checkbox"/> Draw and color <input type="checkbox"/> Play quiet games inside <input type="checkbox"/> Play alone <input type="checkbox"/> Play make-believe <input type="checkbox"/> Go to friends' houses <input type="checkbox"/> Other _____
6. Did your child attend preschool or playgroups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ _____	5. My child is good at: _____ _____ _____ _____
8. What are your expectations for the Pre-K program? What specific things would you like to see happen this year? _____ _____	7. My child does not like to: _____ _____ _____

Thank you for introducing me to your child.
With your help, I know this is going to be a wonderful year!