

# Family Information

This information is to help the teacher get to know your child better and establish a rapport more quickly. You may choose to answer any or all of the questions. Information is strictly confidential.

Child's name \_\_\_\_\_  
First Middle Last

Child's name to be used at school \_\_\_\_\_

Does your child live with \_\_\_\_\_ both parents \_\_\_\_\_ one parent \_\_\_\_\_ other

Is your child adopted? \_\_\_\_\_ Does your child know they are adopted? \_\_\_\_\_

Other children \_\_\_\_\_ Name and relationship \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Name and relationship \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Name and relationship \_\_\_\_\_ Age \_\_\_\_\_

Family pets \_\_\_\_\_

How would you describe your child's social development?

Quiet \_\_\_\_\_ Average \_\_\_\_\_ Aggressive \_\_\_\_\_

Has your child attended a preschool? \_\_\_\_\_ Where? \_\_\_\_\_

What are your child's favorite interests and play activities? \_\_\_\_\_  
\_\_\_\_\_

Does your child have problems separating? \_\_\_\_\_

How does your child handle frustration? \_\_\_\_\_

How does your child react to new situations? \_\_\_\_\_

What are your goals for your child this year? \_\_\_\_\_  
\_\_\_\_\_

Do you have an occupation or interest that you would like to share with your child's class? \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in helping us with special classroom projects? \_\_\_\_\_

If so, what days of the week are you available? \_\_\_\_\_

Please add any additional information that you feel will help the teacher better meet your child's needs.  
Thank you for your help.

