

HELPFUL INFORMATION FOR TEACHER



Child Name: _____ Class: _____

Previous programs in which child has participated:

Sunday School Preschool MDO Other If so, where? _____

Church Affiliation: Cypress Bible Church Other, if any _____

Child Lives with: Mother Father Grandparents Other

Sibling Names & Ages: _____

Primary language spoken at home: English Other: _____

Where does your child spend their time after school? _____

Personality traits that best describe child: Outgoing Passive Shy

Active Sensitive Easygoing Cheerful Moody Restless

Favorite interests/activities of child: _____

Activities that child should avoid: _____

Is child able to verbalize his/her feelings? Yes No

Fears or anxieties with which child is struggling: _____

What do you find is the best way to "soothe" child during a difficult situation? _____

How does child respond to correction? _____

What disciplinary techniques do you use at home to stop or change unwanted behavior?

Has there been a major life event that might have affected child? Yes No If yes, please describe: _____

Is your child receiving any services (speech, OT, PT)? If yes, what service? _____

What does child eat for breakfast? _____

What activities do you enjoy together as a family? _____

What is child's bedtime routine? _____

For toddler classes: Is your child in diapers partially potty trained fully potty trained

Medical or Developmental Conditions or Dietary Restrictions? No Yes If yes, please list: (include any existing or previous serious illnesses and injuries, hospitalizations during past 12 months, any medications prescribed for continuous long-term use, developmental delays or concerns)

Food Allergies? No Yes If yes, please list: _____

Medication/Other Allergies? No Yes If yes, please list: _____

EpiPen required for food or other allergy? Yes No

Please list any additional information that may be helpful in meeting the needs of your child on the back of this form.