This **Information Sheet** requests information that we feel is helpful for our teachers to provide adequate care for your child and to plan appropriate experiences. All information is confidential.

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| Child’s name  |   |
| Other children in the household, please include name, age and relationship to child  |  |
| Adults in household (parents, aunt, grandparent, etc.) What does your child call them? |  |
| What languages do family members speak and what relation are they to your child (ex: Aunt speaks Chinese)What languages are spoken with your child?Does your child speak and understand English?Is your child learning to read in another language? |   |
| If your child is learning English, what are some words in your home language that we need to know? (ex: words for bathroom, hungry, thirsty, hurt/pain) Please share along with how to say these words |  |
| If you do not speak English, is there someone who can help translate for communicating outside of the app? Who is it? Do you need us to help find someone who can help with language translation? |  |
| Is there anything we should know about the household? Anything going on that may affect your child? (ex: death in family or loss of pet, new family blending or separations?) Please keep us posted throughout the year |  |
| Activities child enjoys (ex. Sports, imaginative play, arts and crafts, story time)  |   |
| What other group experiences has your child had? (Sunday school, day care, library story hour)  |   |
| How often do you read to your child?  |  |
| What other children does your child have to play with? (siblings, neighbors, cousin, etc?) |   |
| How does your child interact with other children? |   |
| How does your child react to new experiences or situations? |  |
| How would you describe your child’s social behavior? |  |
| Does your child have fears or things that cause distress?  |  |
| How much screen time do you allow your child daily? (ex television, tablet, phones) |  |
| Can your child take care of their physical needs?(toileting, washing hands, dressing?) What assistance might they require? What words does he/she use for bathroom needs? |  |
| What adjustment concerns do you anticipate when your child begins school? |  |
| What concerns do you have about your child’s development? |  |
| What are your main objectives for sending your child to school? |  |
| Are there any food allergies or dietary restrictions that we should be aware of?Are there any non-food or contact allergies? (latex, bee sting,) |  |
| Does your child receive any support services such as early intervention services?  |  |
| Do you need help obtaining early intervention services for your child at this point? (have you noticed speech or language/behavior issues you would like help addressing? |  |
| Is there anything else you would like us to know about your child?  |  |