

COLONIAL SCHOOL



COMMUNITY FIRST SOLUTIONS

Please tell us about your child!

Child's Name _____

Child's Class _____

Does your child have a difficult time adjusting to new situations?

Does your child play best with small groups of children, one on one or alone?

Does your child prefer to be with adults or other children?

What type of discipline does your child respond to best?

Is your child:

very active _____ somewhat active _____ usually very quiet _____

Does your child usually cooperate with you or other adults?

What special interest/hobbies does your child have?

Do you believe your child has established a hand dominance? If so: Right____ Left____

Does your child have any fears that you would like us to know?

Please tell us the names of the people who live with your child.

Name	Relationship	Age (if child)
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Does your family have any pets? If so, what are they and what are their names?

What is the primary language spoken in your home?

Are there any cultural or religious practices of which we should be aware?

Are there any allergies, dietary restrictions, medical history that we should know about?

What routines, actions or items do you use to comfort your child?

What causes your child to be frustrated or angry?

What might you and/or your child be anxious about as he/she starts this program?

What are you and/or your child excited about as he/she starts this program?

Is there anything else you would like to share with us?

Thank you for taking the time to tell us about your family!

Parent Signature: _____

Date: _____