

“Getting to Know Me”



Child's Name: _____

Parent/Guardian Name(s): _____

About Your Child

1. What are your child's favorite activities?

4. What are your child's greatest strengths?

5. What are your child's biggest challenges?

6. What would you most like us to know about your child?

7. What are your greatest hopes for your child?

About Your Family

9. Does your child have any siblings? If so, how many and what are their ages?

10. Is there any other important information that you would like us to know about your family?

About the Preschool Experience

12. Has your child attended school in the past? If so, was the experience a positive one? Explain.

13. What, if anything, are you or your child nervous about concerning this school year?

☐ N/A