

“Getting to know me”

Country Acres CDC

Child’s Name: _____ Parent/Guardian Name(s): _____

About Your Child

1. Does your child have a nickname that you would like us to use? If so, what is it? _____

2. What are your child’s favorite activities?

3. Does your child have a favorite toy? If so, what is it?

4. What are your child’s greatest strengths?

5. What are your child’s biggest challenges?

6. What concerns, if any, do you have about your child?

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

8. What are your greatest hopes for your child?

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About Your Family

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

10. Which family members are particularly involved or important in your child's life?

11. 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 does your child look forward to this school year?

 N/A

14. What, if anything, is your child nervous about concerning this school year?

 N/A

15. What do you most want your child to learn this school year?

 N/A

Overall

16. What else would you like us to know? Do you have any questions we can answer for you?
