

CHILD INFORMATION SHEET FOR TEACHER

CHILD'S NAME _____ DATE _____

DATE OF BIRTH _____

RIGHT OR LEFT HANDED _____

FAVORITE PLAY ACTIVITY _____

FAVORITE TOY _____ FAVORITE BOOK _____

DAILY NAP HABITS _____

FOOD DISLIKES _____ FOOD ALLERGIES _____

ANY FEARS _____

ANY HABITS (thumb sucking, tantrums, etc.) _____

WHAT MAKES YOUR CHILD FRUSTRATED OR UPSET? _____

HOW DO YOU DISCIPLINE AT HOME? _____

MEDICAL ALERT - ANY SPECIAL CONDITIONS, EMERGENCY PROCEDURE TO BE FOLLOWED, DR.'S NUMBER _____

ANY PERTINENT INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD: _____

WHO RESIDES AT HOME WITH THE CHILD?(siblings, relatives) _____
