

Teacher Information Sheet

Child's Name _____ Preferred Name _____

Address _____ City & Zip _____

Phone Number _____ Birthday _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Child Lives With (Circle One) Mother Father Both Parents Other _____

Name and Ages of Brothers and Sisters _____

Name of Others in Home Such as: Grandparents, Roomates, and Etc. _____

Child's Favorite Pastimes: _____

Child's Favorite Toys: _____

Does Child Spend Most of Their Time Alone? _____ Adults _____ Children _____

Does Child Father or Mother Play With Them _____

 Read to Them _____ Tell Them Stories _____ Sing to Them _____

What Does Child do To Help at Home _____

Does Child Have a Pet _____ Kind and Name _____

What Special Experiences Has the Child Had Such As: Going on a Trip, Visiting a Farm, Riding a Pony, Helping to Care For Flowers, Birds, Etc. _____

Does child have any issues; such as: Allergies Asthma Other (Please explain) _____

Parent method of discipline _____

Any issues with eating, special dietary needs, etc. _____

Favorite Foods _____

Fears _____ Sleeping Problems _____

Any additional Comments: _____

