

INFORMATION FOR THE TEACHER

As your child's teacher, I'd like to help your child succeed in every way that I can. I have found that the more that I know about my students, the easier it is for me to meet their needs. For that reason, I would appreciate if you could answer the questions on this questionnaire. Of course, it is completely voluntary. If you do not feel comfortable answering a question, just skip it. Thank you so much for your time.

Please return by: Monday, September 9.

Child's Name: _____

Nickname: _____ **Child's Birthday:** _____

Parent/Guardian's Name: _____

Email: _____

Daytime Phone Number(s): _____

Parent/Guardian's Name: _____

Email: _____

Daytime Phone Number(s): _____

Please list all of the adults (first and last name) living in your child's household:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

What is the best way to contact you?

Phone or Email

With whom does your child reside? _____

Please list all of the children in the family, along with their ages and teachers:

Name	Age	Teacher (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any allergies? What is he/she allergic to? _____

Does your child wear glasses? YES NO

Does your child have difficulty hearing? YES NO

Is your child currently taking medication? YES NO

Name of medicine (if applicable): _____

Will he/she need to take medication at school? _____

If he/she needs to take medication at school, a special form through the main office must be filled out

Will your child be attending latchkey? If so, what days? Morning/afternoon?

How will your child normally be arriving at school each day? _____

How will your child normally leave school each day? _____

What hand does your child write with? RIGHT LEFT

Did your child attend preschool? YES NO

If yes, where? _____

Does your child speak or understand a language other than English? YES NO

If so, what language? _____

Will your child be able to participate in classroom celebrations? YES NO

Please describe recent family events or changes that may impact your child (death,

divorce, new sibling): _____

How would you describe your child's personality? _____

What is your child fantastic at? _____

What is challenging for your child? _____

What motivates your child? _____

What are your child's interests and after-school activities? _____

What are your child's feelings about school? _____

How does your child get along with other children? _____

How do you feel I can best help your child this year? _____

Is there anything else you that you think it would be helpful for me to know about your child at this time?

Thank you for taking the time to help me get to know your child and your family with this questionnaire. I look forward to a wonderful year!

Sincerely,
Cassie Harrison