



15. How does your child: Show affection? Respond to affection?

16. How does your child relate with other children?

17. What difficulties or conflicts does your child get into with other children? How are these resolved?

18. Is your child right or left handed? ___ Left ___ Right ___ Handedness not yet established

19. Does your child have any allergies or dietary needs?

20. Does your child have particular eating habits that the school should know about?

21. Does your child have any health problems or learning issues that the teacher should be aware of?

22. Is your child toilet trained? _____ What word or behavior does he/she use as a bathroom cue? _____

23. What is your child's regular naptime? _____ Bedtime? _____ Wake up time? _____

24. What chores is your child expected to do at home?

25. Please give any further information which you feel would help us better understand your child:

26. What are your most important goals for your child's education?

Date Accomplished: _____ **Parent's Name & Signature:** _____