



## TEACHER INFORMATION SHEET 2015 - 2016

CHILD'S NAME: \_\_\_\_\_

CHILD'S CLASS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

### **HEALTH & DEVELOPMENT INFORMATION:**

Does child have any food or other allergies? \_\_\_\_\_ If so, please list the foods/allergens: \_\_\_\_\_

Please describe what a typical allergic reaction has been in the past. \_\_\_\_\_

Dietary restrictions (vegetarian? religious/cultural preferences?): \_\_\_\_\_

What other illness(es), operation(s), injury(ies), or condition(s) has child had? \_\_\_\_\_

Was your child born prematurely? \_\_\_\_\_ If so, how premature? \_\_\_\_\_ (Mos./wks.)

At what age did child begin walking? \_\_\_\_\_ mos.; talking? \_\_\_\_\_ mos.

Please describe your child's typical sleep & napping patterns: \_\_\_\_\_

Please describe your child's typical eating patterns & preferences: \_\_\_\_\_

### **CHILD'S QUESTIONNAIRE:**

Has child ever attended a nursery school? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Have caregivers other than parent(s) or guardian(s) cared for child? \_\_\_\_\_

Will your child be in the care of someone else before or after school? If so, please elaborate. \_\_\_\_\_

Will your child attend another school in conjunction with Montecito? If so, please elaborate. \_\_\_\_\_

Who is the child living with? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

**Turn over to continue.....**

**Child's Name** \_\_\_\_\_

Please list the other members of your household including parents, grandparents, other children in the family, the children's ages and any extended family member(s) and roommates. Pets are family too!

\_\_\_\_\_  
\_\_\_\_\_

Have there been any events in your child's life that have affected him/her such as divorce, death, illness or a move? If so, please elaborate. \_\_\_\_\_

\_\_\_\_\_

How does your child get along with his/her sisters and brothers? \_\_\_\_\_

\_\_\_\_\_

How does your child get along with his/her peers? \_\_\_\_\_

\_\_\_\_\_

Does your child have any speech delays? \_\_\_\_\_

How does your child handle separation? \_\_\_\_\_

\_\_\_\_\_

Does your child need help with: Dressing himself/herself? \_\_\_\_\_

Going to the bathroom? \_\_\_\_\_

Any special words or gestures used to describe going to the bathroom? \_\_\_\_\_

What do you find most effective in redirecting and disciplining your child? \_\_\_\_\_

\_\_\_\_\_

How would you describe/evaluate your child's personality? \_\_\_\_\_

\_\_\_\_\_

Describe your child's strengths and weaknesses. \_\_\_\_\_

\_\_\_\_\_

Please share any special customs or traditions your family honors or celebrates.

\_\_\_\_\_

What do you hope your child will learn during their preschool year? \_\_\_\_\_

\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

Thank you for completing this form. This questionnaire will be given to your child's teacher and also put in his/her office file. This information is only used by the teacher in order to better understand your child's needs and personality.