



485 Woodstock St
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All About Me

CHILD'S NAME _____

TEACHER'S NAME & SESSION _____

Teachers want to know how to help your child feel as comfortable and happy as possible in school. Please share your special knowledge of your child with us to assist him/her in adjusting as easily as possible. You may also write on the back of this form if necessary. Thank you for filling in the form and returning to your child's teacher!

1. Does your child have any allergies, recent chronic illnesses, or special services like speech or physical therapy?
2. How would you describe your child's personality?
3. What are your child's special interests? Favorite toys, games, things to do, etc?
4. How does your child respond when happy, sad, or afraid?
5. Does your child have special bathroom needs or bathroom phrases used at home that we can use at school?
6. Any recent change in home environment such as a birth in the family or a move to a new home?
7. What is the primary language spoken at home?
8. Please tell us the age and name of siblings.
9. Please tell us about any pets in the home.
10. Tell us one thing that you hope that your child can accomplish this year.
11. Any additional information or concerns?