

Let's Get Acquainted!



Child's Name: _____

Date of Birth: ____/____/____

Preferred name at school: _____

It is important to us to know as much as we can about your child as the school year begins so that we can create the best possible environment for him or her. Please help us learn more by responding to these questions and returning this form to our office as soon as possible. Thank you!

1. Who are the people in your immediate family? Who lives in your home? Any family values you want us to be aware of? Are there any holidays you do not wish your child to participate in?

2. What activities has your child previously participated in and/or does your child enjoy?

3. How would you describe your child's personality?

4. What do you feel are your child's strength and abilities? Any physical or mental limitations?

5. Does your child have any worries or apprehensions about attending school?

6. How do you comfort your child?

7. How do you deal with any difficult behavior that your child demonstrates?

8. Does your child have any medical issues of which we should be aware OR receive any support services? (Medical Action Plans are required for significant and severe conditions.)

9. What do you feel is the most important thing The Berry Patch can do for your child this year?

10. Please describe your child's race: _____ Religion: _____

If any languages other than English are spoken in your home, please explain: _____
