

Student Information Form

Please take a few moments to introduce your child to us through this form. You are an important source of information about your child. The information and answers that you provide enable us to better understand the child. We greatly appreciate your time in completing this form and look forward to working with you and your child.

Child's Name: _____ **Date of Birth** _____

Has your child attended school before Yes No if yes

What was the name of the school? _____

What was the reason for leaving the other school? _____

How does your child react to transition? _____

Does your child have any special habits? (thumb-sucking, nail biting etc..) If yes, please explain.

Are there siblings at home? Yes No if so what are the ages _____

Does your child have allergies or any other medical condition? Yes No if yes, please explain _____

List some of your child's favorites:

Foods _____ TV shows _____

Toys _____ Books _____

Hobbies _____

What are your child's strengths? _____

What are some areas you feel need improvement? _____

Is there any other information you would like to provide?