

Child Information Form August, 2005

Child's Name _____ Parent/Family Name _____

Child's Birth Date _____ Telephone Number _____

Email Address: _____

Briefly answer any or all of these questions. You may return it at the Open House, August 24th, or on the first day of school.

1. Does your child like to work with his/her hands?
2. Does your child like science/math type activities?
3. Does your child like reading/writing activities?
4. Is he/she an observer?
5. How does your child function in a large group?
6. Does your child like to sit for stories?
7. Does your child have fears/dislikes you would like to share?

8. Are there particular strengths/weaknesses you would like to share?

9. What goals do you have for your entering second grader?
(these can be social and/or academic)

Please feel free to share anything else that may come to mind in the space below:

Again, we look forward to working together this year!

Sincerely,

Cathy Hill & Mary McDaniel