



PARENT VIEWPOINT

Student's Name: _____ Birthdate: _____

Parents' Name: _____ Email: _____

Phone: _____

We need your help in order to provide your child with a program that meets his/her individual strengths and interests. Young children progress at different rates in different areas of growth (e.g. physical, emotional, hand skills, attention, memory). Any insight you can give us into your child's learning stages and styles would be appreciated.

Please feel assured that all information will be treated as confidential, will be kept in your child's file and will be used only by staff in the best interests of the student.

The following questions are suggestions for sharing information about your child with the school. Do not feel obliged to answer all questions and please feel free to add other information that you feel would describe him/her more fully.

GENERAL INFORMATION:

1. Previous "school" experience:

If your child has been in "school" before, please describe the type of program (For example: nursery school, playschool, daycare, kindergarten, etc.)

What did your child enjoy most?

Were there any things your child did not like? (For example: noise, phys.ed., paint)

2. List your child's special interests. (For example, sports, church/community groups, swimming, books, music)

3. Please list your child's:

Strengths

Areas for growth

4. **Does your child have any fears or anxieties?** (For example: being alone in dark, dogs, bees, etc.)

5. **How does your child behave in new situations?** (For example: withdrawn or excited)

6. **What is the most important area of growth you would like for your child this year?** (For example: getting along with others, self-confidence)

7. **Do you have any other information you wish to share with us about your child?**

FAMILY INFORMATION:

1. Please give the names of the members of your family and/or extended family living in your home (including the ages of siblings).

2. Which language(s) are spoken in the home?

Which language(s) are used by the child?

3. What activities do you share as a family?

4. How does this child get along within the family?

5. Does your child have playmates in the community? How does he/she get along with them?

Parent/Guardian Signature

Date