ALL about My Child

Child's Name_____

Please take the time to answer the following questions so that I will better know how to meet your child's individual needs.

What does your child enjoy doing in his or her free time? _____
_____
_____
_____

What are your child's strengths? _____
_____
_____
_____
_____

Does your child have any personal or medical concerns I need to know about?_____
_____
_____
_____
_____

My child is working on_____
_____
_____
_____

The three most important character traits you would like to instill in your child are _____
_____
_____

What types of things upset your child?
_____
_____
_____

Please share how your family celebrates any major holidays
_____
_____
_____
_____

Are there any holidays and or rituals you do not want your child to participating in?_____
_____
_____
_____
_____

Please briefly describe your child's typical daily schedule. _____
_____
_____
_____
_____

Does your child have any dietary restrictions?_____
_____
_____

How does your child self sooth? _____
_____
Does he or she need your support to calm down?
_____
_____

Do you have any other comments or concerns you would like to share?_____
_____
_____
_____

Parent's Signiture_____Date_____

Thank you for taking the time to answer these questions.

I look forward to learning all about your child.

Blessings,

Miss Cherry