



TEACHER INFORMATION

To help us work more effectively with your child, please answer the following questions:

Child's name _____

Nickname or preferred name _____

First experience in preschool -- yes ___ no ___ Any day care experience -- yes ___ no ___

Grandparents or other special person's names used by your child

Favorite toys _____

Security toy or item _____

Spends most of their time doing _____

Pets and their names _____

Favorite foods _____

Bedtime hour _____ Toileting habits _____

Fears or dislikes, *check and explain on the back of this page*

thunderstorms ___ getting dirty ___ animals ___ dark ___

loud noises ___ other ___

Any recent happenings that has placed stress on your child

Does your child have **any** allergies? _____