

**To Learn, To Grow, To Lead**

Child’s Name Parent’s Name

“Getting to Know You”

1. My child can be best described as:
2. Has your child attended preschool or daycare? Yes No

If yes, which one?

1. What are your child’s favourite toys, or books or activites?
2. List important holidays and/or events that you celebrate. Are there any holidays you do not observe?
3. Are there any allergies or medical conditions the school should be aware of?

Child’s Name School

“Celebrating My Child”

My child can independently:

* Put on own coat
* Fasten own coat (for example, zippers or buttons)
* Put on shoes
* Use the washroom independently
* Print name without assistance
* Take turns
* Use scissors
* Hold attention/focus on an activity for 5 – 10 minutes
* Follow directions

If your child is still working on some of the skills, don’t worry. We just want to know where they are so we can help.

