



GETTING TO KNOW YOUR CHILD

We are excited to get to know your child and your family!
Please fill out this questionnaire to help us understand how
we can best support your child's learning here at RSJ.

The more we know, the more they grow



Child's Name (and nickname): _____

Who does your child live with? One Parent Both Parents Grandparents Other

Who are important people and pets in your child's life? This helps us figure out who they might be talking about! Noni, Mimaw, GiGi?

Where does your child spend time routinely outside of school? Examples include: Daycare, Grandparents, Lessons or Teams, PT/OT/Speech or other Appointments

Is your child routinely learning/hearing a language other than English at home?

How does your child primarily communicate? (Gestures, pictures, 1-2 words, sentences)

List any allergies, health or developmental concerns (glasses, Speech Delay, PT/OT, food sensitivities):

Has your child been evaluated for developmental concerns? Were they participants in Early Intervention or are they currently receiving developmental therapies?

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What are your child's preferred snacks? Does he/she have particular preferences or aversions? For example - texture, temperature, or size?

What stage of toilet training is your child in? (Diapers, needs reminders, fully toilet trained) If not quite fully trained, do they need a diaper/pull-up at nap time?

Are there any strategies that work well when your child is sad, frustrated, or overwhelmed?

Is there anything that does NOT help/really upsets your child? (Loud noises, hugs when upset, being rushed, large groups, darkness)

Is there anything else you would like us to know about your child? Important routines? Nap preferences?

Your Name _____

Thank you so much for sharing this information with us. It really helps our team care for your child in the very best way possible!