

PINE GROVE EARLY LEARNING CENTER

HELP US GET TO KNOW YOUR CHILD – Please complete both sides

Child's Name: _____ Birthdate: _____

THINGS MY CHILD DOES WELL	
WHAT MY CHILD LIKES & DISLIKES	
Likes:	Dislikes:
THINGS I AM WORKING ON WITH MY CHILD	
MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES	
MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES	

Please complete both sides of this form. ⇨

IS YOUR CHILD VERBAL? IF NO, DOES YOUR CHILD KNOW SIGN LANGUAGE?

Please circle the appropriate response

Verbal - YES NO

Sign Language - YES NO

Comments:

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH

ANY ADDITIONAL INFORMATION THAT MIGHT HELP US GET TO KNOW YOUR CHILD BETTER (SHARED CUSTODY, RECENT MOVE, DEATH IN THE FAMILY)

IS YOUR CHILD RECEIVING ANY SPECIAL SERVICES (SPEECH, PHYSICAL OR OCCUPATIONAL THERAPY)

Parent Signature

Date