

# The Learning Cooperative

of Salem Family Resources-Success By 6

## Getting to Know Your Child

This may be your child's first school experience and/or the first time with our teachers. You know your child best, and with your help, we will all have a fun and productive year, meeting everyone's needs.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names/Ages of other children in your family: \_\_\_\_\_

Name for your child that you would like used in the classroom: \_\_\_\_\_

Name you would like your child to WRITE: \_\_\_\_\_

Please describe your child's personality: \_\_\_\_\_

What are his/her strengths? \_\_\_\_\_

In what areas does your child need support? \_\_\_\_\_

Do you have any concerns about your child's growth or development? \_\_\_\_\_

If so, please plan to meet with Ms. Jury and discuss how we can continue supporting your child's individual needs.

\_\_\_\_\_ •Has your child participated in a "child find" or special needs referral process?

\_\_\_\_\_ -with Early Supports & Services; Easter Seals, Children's Pyramid or others?

\_\_\_\_\_ -with the special education services from a local public school system?

\_\_\_\_\_ -through private special needs service providers?

\_\_\_\_\_ -Other? \_\_\_\_\_

\_\_\_\_\_ •Does your child receive any special needs services at this time? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

If so, what will help comfort him/her? \_\_\_\_\_

What is your child's favorite activity? \_\_\_\_\_

Does your child participate in structured activities outside of your home? (sports, lessons)

\_\_\_\_\_

Does your child know other members of our class? \_\_\_\_\_

Please provide any information that will help us make this year successful for your child.

\_\_\_\_\_

Are there any holidays or interesting customs/cultural events that you celebrate that may be different from others in the class? Would you be willing to come in and/or provide customs, recipes, etc. to share with the class?

\_\_\_\_\_