

Kid Time "Getting to Know You" Form

- Child's Name: _____ Today's Date: _____
- Tell me about your household. (i.e. lives with mom, dad, grandmother, etc...)

- Does your child have any parents that do not live in the home? _____
 - Does your child visit this parent? _____
 - Are there any custody issues that we need to be aware of? __________
- Does your child have any siblings? (Names and ages) _____

- Does your family have any pets? _____
- Does your child respond to any nicknames? _____
- What language is spoken in your home? _____
- Do you have any concerns related to your child transitioning into our program?

- Are there any special problems or fears that we should know about?
Nail biting? Thumb sucking? Stuttering? Other?
• _____
- Does your child have an IEP (Individualized Education Plan)? _____
May we have a copy? _____
- Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? _____

- Does your child participate in any extracurricular activities, please describe.?

- Tell me about your child's favorite games/activities. _____

- Any other information you would like to share _____

