



		DATE	
CHILD'S NAME	DATE OF BIRTH	M	F

Teachers need to know how to make your child feel as comfortable and as happy as possible at pre-school. Please share your special knowledge of your child with us to help her/him adjust as easily and harmoniously as possible.

1	Has your child played with other children in a pre-school setting?	YES	NO
2	Does your child sleep in a separate room from you or anyone else?	YES	NO
3	How long are the naps your child takes during the day, if any?		
4	Does your child have any sleeping difficulties?	YES	NO
5	Does your child have any other difficulties i.e. separating, screaming, hitting, biting, pushing, toilet, etc.	YES	NO
	If „YES“ what kind:		
6	What activity does your child particularly like doing?		
7	How would you describe your child's personality?		
8	When your child meets new people or looks worried, are there any special words that you use to comfort or relax him?		
9	Are there any special toys that comfort your child?	YES	NO
	If „YES“ please list them:		
10	Are there any fun games or routines you use to make your child feel happy when she/he feels unhappy or worried?		

	__ / __ / ____	
NAME in PRINT	DATE	SIGNATURE OF PARENT