



**Information Sheet**

Child's Name \_\_\_\_\_

Is this your child's first school experience? If not, where has your child gone to school?

\_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

What time does your child usually go to bed? \_\_\_\_\_

Does your child dress him/herself? \_\_\_\_\_

Is your child potty trained (no accidents within the past 30 days?) \_\_\_\_\_

Do you read to your child? What are his/her preferences (fairy tales, animal stories, etc.?)

\_\_\_\_\_  
\_\_\_\_\_

Does your child have playmates? What are their favorite things/games to play?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your family, does your child have siblings and/or pets? What are their names?  
(this will help us spell their names on their artwork.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would you like me to know about your child? Please write it on the back.