

STUDENT INFORMATION SHEET

Revised 08/17

Student's Full Name: _____ Today's date: _____

Date of Birth: _____ Nickname: _____
(if applicable)

Our family lives in: house apartment farm other: _____

Household Residents: (list all individuals who live with the student)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Our Family has the following pets: _____

Please list any special traditions your family participates in: (e.g. ethnic, cultural, or religious) _____

List any fears your child may have: (e.g. storms, dogs, costumed characters, the dark) _____

When your child begins to get sick, what symptoms do they display: (e.g. withdrawn, grouchy, whiny, sleepy) _____

What are some of your child's favorite toys/activities? _____

Does your child participate in any special activities? (e.g. tee-ball, soccer, gymnastics, dance, etc) _____

What favorite school activity is your child looking forward to? _____

At home, what type of discipline is used or what works best for your child? _____

What abilities does your child need enrichment in? _____

What concerns (if any) do you have about your child? _____

What would you like us to know about your child that will aid us in their school experience? _____
