

All about my child

Child's name: _____ Date of birth: _____

1. What are your child's hobbies, interests and activities outside of school?

2. How does your child feel about starting school?

3. Is there anything that upsets your child? Does your child have any fears that we should know about?

4. Does your child enjoy books? Do they like reading or being read to? Do they have any favourite books?

5. Tell me a little bit about how your child adjusts to changes in routines or structure.

6. What is the most important thing you hope your child gets out of their primary year?

7. How would you rate your child's comfort level with the following concepts?

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|--------------------------------|---------------|-------------|-----------------------|
| a) Counting: | <i>Strong</i> | <i>Good</i> | <i>Has Difficulty</i> |
| b) Identifying numbers: | <i>Strong</i> | <i>Good</i> | <i>Has Difficulty</i> |
| c) Identifying letters: | <i>Strong</i> | <i>Good</i> | <i>Has Difficulty</i> |
| d) Printing their name: | <i>Strong</i> | <i>Good</i> | <i>Has Difficulty</i> |
| e) Cutting: | <i>Strong</i> | <i>Good</i> | <i>Has Difficulty</i> |
| f) Coloring: | <i>Strong</i> | <i>Good</i> | <i>Has Difficulty</i> |

8. Do you have any concerns about your child starting school? (academically, socially, behaviorally, medically etc)

9. What holidays does your family celebrate?

10. Is there any other information we should know that will help us understand your child and family better?
