



TEACHER INFORMATION SHEET
2019 - 2020

CHILD'S NAME: _____

CHILD'S CLASS: _____ BIRTHDATE: _____

MOTHER'S NAME: _____ OCCUPATION: _____

FATHER'S NAME: _____ OCCUPATION: _____

HEALTH & DEVELOPMENT INFORMATION:

Does child have any food or other allergies? _____ If so, please list the foods/allergens: _____

Please describe what a typical allergic reaction has been in the past. _____

Dietary restrictions (vegetarian? religious/cultural preferences?): _____

What other illness(es), operation(s), injury(ies), or condition(s) has child had? _____

Was your child born prematurely? _____ If so, how premature? _____ (Mos./wks.)

At what age did child begin walking? _____ mos.; talking? _____ mos.

Please describe your child's typical sleep & napping patterns: _____

Please describe your child's typical eating patterns & preferences: _____

CHILD'S QUESTIONNAIRE:

Has child ever attended a nursery school? _____ If so, for how long? _____

Have caregivers other than parent(s) or guardian(s) cared for child? _____

Will your child be in the care of someone else before or after school? If so, please elaborate. _____

Will your child attend another school in conjunction with Montecito? If so, please elaborate. _____

Who is the child living with? _____

What is the primary language spoken at home? _____

Turn over to continue.....

Child's Name _____

Please list the other members of your household including parents, grandparents, other children in the family, the children's ages and any extended family member(s) and roommates. Pets are family too!

Have there been any events in your child's life that have affected him/her such as divorce, death, illness or a move? If so, please elaborate. _____

How does your child get along with his/her sisters and brothers? _____

How does your child get along with his/her peers? _____

Does your child have any speech delays? _____

How does your child handle separation? _____

Does your child need help with: Dressing himself/herself? _____

Going to the bathroom? _____

Any special words or gestures used to describe going to the bathroom? _____

What do you find most effective in redirecting and disciplining your child? _____

How would you describe/evaluate your child's personality? _____

Describe your child's strengths and weaknesses. _____

Please share any special customs or traditions your family honors or celebrates.

What do you hope your child will learn during their preschool year? _____

Additional comments _____

Thank you for completing this form. This questionnaire will be given to your child's teacher and also put in his/her office file. This information is only used by the teacher in order to better understand your child's needs and personality.