



## PERSONAL INFORMATION TO BE SHARED WITH CHILD'S TEACHER

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Problems: \_\_\_\_\_

**Allergies: \*FOOD ALLERGIES MUST BE DIAGNOSED BY A PHYSICIAN**

Food Intolerances/Preferences: \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Toilet Habits: \_\_\_\_\_

Eating Habits: \_\_\_\_\_

Siblings (name/age): \_\_\_\_\_

Parents Marital Status: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Special Interest: \_\_\_\_\_

Activities child should not engage in:

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

List any challenges you foresee your child's teacher may have with your child:

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

List any challenges you foresee your child's teacher may have with your child:

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

Is there any other information that you believe would be helpful for the teacher to best meet your child's needs:

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