

TCW STUDENT INFORMATION FORM 2021-2022

Child's Name _____ Date of Birth _____

Person Completing Form _____ Relationship _____

Please complete the entire form. Your responses provide invaluable information that enables your child's teachers to better understand and support your child. Feel free to attach additional pages, if necessary.

1. Please list all household members and their relationship to your child. *Please include age of siblings:*

2. What is your child's primary language? _____

a. What language(s) is spoken at home? _____

b. Do you require a translator to facilitate communication with school staff? ___ YES ___ NO

3. Does your child have any allergies? ___ YES ___ NO

If yes, please list: _____

How is this evidenced? _____

4. Is your child toilet trained? ___ YES ___ NO

a. Are there bathroom or training routines that we should be aware of? _____

b. *Word for urination?* _____ c. *Word for bowel movement?* _____

5. Define your child's regular sleeping patterns:

a. *Wakes at* _____: _____ *AM*, b. *Naps at* _____: _____

c. *Goes to bed at* _____: _____ *PM* d. *Sleeps through the night?* ___ YES ___ NO

6. Does your child have a transitional object, i.e. blanket, toy, stuffed animal, book etc...?

7. Is your child frightened by anything in particular? _____

8. How does your child let you know that he/she is upset? _____

9. What is the best way to comfort your child? _____

10. What limit setting approaches have you found to work best with your child?

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11. How does your child handle transitions and/or new situations? What is helpful for him/her or you?

12. How does your child deal with separation?

13. Has your child been cared for by anyone other than a family member?

Has your child experienced being in a group setting with peers? ___YES ___NO

If yes, ___family/home-based program, or ___center/school based program

If yes, was a parent or caregiver with him/her? ___YES___ NO

14. Was the pregnancy with your child full term? ___YES ___NO If no, please explain:

a. Were there any complications with the birth? ___YES ___NO If yes, please explain:

15. Have you any concerns or questions about your child's development?

16. Has your child ever received Early Intervention or support services?

17. Are there any specific family issues of which we should be aware such as divorce, separation, adoption, illness, move, religious beliefs, etc...?

18. Is there any other information about your child that you would like us to know?

19. What are your goals (i.e. social, emotional, cognitive, physical) for your child for this year?
