

**I would like to know more about your child through your eyes.  
The more that I know, the better I can work with your child this year.  
Please answer the questions below in as much detail as possible. Feel  
free to attach additional paper if there is not enough room to respond  
fully on this questionnaire.  
Thank you for completing this form!**

**Child's Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Does your family celebrate birthdays?** ☐ Yes ☐ No

**Preferred method to contact you:** \_\_\_\_\_

**Are you interested in volunteering in our class, joining us on field trips, etc.? Let me know if and how you'd like to get involved.** (There will be opportunities throughout the year to chaperone trips, share your expertise with the class, or otherwise volunteer.)

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**How will your child travel to/from school? Who is allowed to pick up your child?**

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**Does your child have any allergies or dietary restrictions I should be aware of?**

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**List several of your child's favorites such as foods, books, activities, sports, hobbies, etc.**

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**What motivates your child?**

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**What upsets your child?**

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**What are your child's strengths?**

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**How would you like ME to help your child this year? What are your goals for your child this year?**

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**Is there anything else you'd like me to know?**

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