

Getting to Know...

Class Code: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

List all emails to receive weekly newsletters:

What family members live at home?

Special considerations, such as food allergies or restrictions:

What are some of your child's interests and strengths?

Does your child have prior experience in a classroom setting?

What would you like your child to gain from his/her experience in school this year?

Do you have any special concerns or questions to which you would like to draw our attention?

Are there any specialists with whom we should be working? (i.e. speech therapists, other special needs providers.)

How would you like to participate in our program?

\_\_\_ Share a special skill/interest: \_\_\_\_\_

\_\_\_ Assist with classroom activities: \_\_\_\_\_

\_\_\_ Join us for special events: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_