

**INFORMATION FORM
(FOR PROFESSIONAL USE ONLY)**

Information Form for **Wapato Cooperative Preschool**

Return to (teacher's name) _____

Child's name _____ Date of birth _____

Name to be used at school _____ Age _____ Sex _____

Home address (include zip code) _____

Home phone _____ Parent work phones _____

Cell Phone _____ E-Mail _____

Fax# _____

Persons in the household (use full name) Age & Relationship to child

What languages are spoken at home? Would you be interested in sharing this language and/or culture in the classroom?

Do you have any special talents or hobbies you would like to share with the classroom?

Allergies & types of reactions (foods, medication, etc.) _____

List foods that should not be served to your child _____

List child's previous group experiences _____

List child's fears _____

List any major changes or experiences in your child's life you would like the teacher to know about for increased understanding of your child's needs: i.e. relative's death, moving, divorce, hospital stay, etc. _____

Please check if you have concerns about any of the following areas of development with your child.

Speech/Language Hearing Dental Health Vision

Intellectual Development Large or small muscle coordination

Behavior (overly active, difficult to discipline, short attention span, aggressiveness, overly shy or withdrawn, fearful, etc.) Please describe _____

Has your child been evaluated for any of the above? Yes No

If yes, which of the above? _____

By whom?

When?

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