



Mrs. O's PRESCHOOL

Where your children take their first step in learning.

Student Information Form

Child's full name: _____

What name would you like us to teach your child how to write?

(For example if your son's name is *William*, would you like us to teach him how to write *Will* or *William*?
What should we call him?)

Does your child have a specific word or phrase he or she uses when they need to use the restroom? _____

Child's fears ("X" all that apply):

___storms ___loud noises ___animals ___dark ___mascots ___ Other: _____

What is your child's hand preference? ___Right ___Left ___Both ___Unsure

How does your child typically separate from his/her parents: _____

How would you describe your child's personality?

What motivates your child?

How does your child typically express himself/herself when frustrated?

What would you describe as your child's "glows" (strengths)?

How about their "grows" (areas that your child needs to grow in)?

