

## Teacher/Family Orientation

The following profile will aid your child's teacher in creating a more comfortable adjustment period in school. We hope to infuse the solid values and morals that you are cultivating in your child into the preschool environment. This form will be retained in your child's confidential file.

<b>Child's Name</b>	<b>Date of Birth</b>	
<b>Father's Name</b>	<b>Father's Occupation</b>	
<b>Mother's Name</b>	<b>Mother's Occupation</b>	
<b>Whom does the child live with?</b>		
<b>Race/Ethnic Origin (For statistical purposes)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		
<b>Place of Birth</b>		
<b>Religious Denomination</b>		
Sibling Name(s)	Age	Does he/she live in the same house as your child?
<b>Does your child do any of the following?</b> <input type="checkbox"/> Thumb-sucking <input type="checkbox"/> Rocks self <input type="checkbox"/> Tantrums <input type="checkbox"/> Needs a special blanket, toy, etc. Comments:		
<b>How does your child act when tired or not feeling well?</b>		
<b>How does your child usually react to a new situation, or a trying one?</b>		
<b>Does your child receive any exposure to the following? (Please check)</b>		
<b>Academic</b>	<input type="checkbox"/> Books <input type="checkbox"/> Puzzles <input type="checkbox"/> Cutting <input type="checkbox"/> Signs ABCs <input type="checkbox"/> Counts	
<b>Recognizes</b>	<input type="checkbox"/> Shapes <input type="checkbox"/> Colors <input type="checkbox"/> Letters <input type="checkbox"/> Numbers	
<b>Spiritual</b>	<input type="checkbox"/> Says prayers <input type="checkbox"/> Goes to Church <input type="checkbox"/> Sings religious songs	
<b>Social with</b>	<input type="checkbox"/> Children his/her own age <input type="checkbox"/> Family	
<b>Creative</b>	<input type="checkbox"/> Drawing pictures <input type="checkbox"/> Coloring <input type="checkbox"/> Painting <input type="checkbox"/> Watercolors	
<b>What language is spoken at home?</b>		
<b>Does your child have any physical limitations or allergies?</b> (i.e. slow language development, stuttering, lisp, visual, orthopedic, constipation, etc.)		

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