



FAMILY PROFILE

Child's Name: _____ Nickname? _____

We recognize that children change as they develop and this profile will change. We will use this as a way to get to know your child more quickly as they transition in to the classroom.

How would you prefer to be addressed as adults? _____

What is your home primary language(s)? _____

Do you have family traditions or routines you would like to share? _____

Do you have pets? Yes No If yes, what are they and what are their names? _____

Does your child have a favorite book, toy and/or activity? _____

Does your child have a favorite food? _____ a least favorite? _____

Does your child nap? _____ Describe how they fall asleep (with help, backrub, on their own, etc)

When you child is upset or hurt, how are they comforted? _____

Is your child toileting on their own? _____ If not, describe any interest they have shown or concerns you may have

What form of discipline do you use at home? _____

Does your child show a hand preference? Not yet _____ Right _____ Left _____ Undecided _____

Please share anything else you think we should know – strengths, areas for growth, goals you may have for them, etc. (use the back of the paper as needed)

