



# All About Me

ATTACH PICTURE OF CHILD

\_\_\_\_\_  
(Child's Full Name)

Name your child would prefer to be called.

\_\_\_\_\_  
What formal school experience has your child had? Where?

\_\_\_\_\_  
Does your child have difficulty separating from parents? (Please explain).

\_\_\_\_\_  
Please let us know of any special needs that your child might have.

\_\_\_\_\_  
Who lives at your home. Please list names, relation to child and ages of siblings.  
(parents, grandparents, siblings, pets, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
What activities does your child enjoy?

\_\_\_\_\_  
What activities does your child dislike?

\_\_\_\_\_  
Does your child have any fears? (Please explain)

