

ALL ABOUT:

CHILD'S FIRST NAME OR NICKNAME AND LAST NAME

The information contained here is for CONFIDENTIAL USE ONLY.

What kind of snacks does your child normally eat?

How much time does your child spend playing outdoors each day?

What family games do you play?

How often does your child use technology and/or watch TV on an average day?

Does your child have a sleep routine? Yes No
How many hours a night does your child usually sleep?

Is there anything in particular we should look for when your child is feeling sad, angry, frustrated, tired, hungry or sick?

Do you have any methods/words/approaches that help calm or console your child that would be useful at school?

What chores, if any, do you ask your child to do at home? How often?

What are your child's strengths?

What are you working on with your child?

What are your child's likes and dislikes?

Things your child might need help with:

What are your hopes for your child this school year?

Does your child have siblings? Yes ___ older ___ younger No

If yes, do they attend MoN? Yes No