

2012-2013 Teacher's Name _____ (leave blank)

Current WDS Teacher's Name _____

Acquaintance Form

2012-2013

The teacher who is well acquainted with a child's likes and dislikes, interests, family and home experiences is better equipped to guide the child's growth. Your thoughtful completion of this form will give your child's teachers knowledge that will help them work more effectively with him or her from the very beginning of school. The information you give will be considered confidential.

Child's Name: (last) _____ (first) _____ (middle) _____ (name called) _____

Date of birth _____

Ethnic origin: ___Caucasian ___African-American ___Asian ___Native American ___Hispanic
___Other: _____ (you may mark more than one)

Is a language other than English spoken in your home? _____ If yes, which language? _____

Family and Home

Father's name _____

Occupation _____

Special talents or interests I can share in the classroom _____

Mother's name _____

Occupation _____

Special talents or interests I can share in the classroom _____

Both parents living in home? Yes ___ No ___ If "no" please explain (deceased, divorced, etc.)

Religious Affiliation/Church Membership: _____

Siblings: Name _____ gender _____ birthdate _____

Others living in your home:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Does your child have a regular nanny or caregiver? ___ Name: _____

List pets and their names: _____

Has your child or family recently experienced a major life change such as a birth, death, remarriage or move and, if so, how is your child reacting to it? _____

(over)

Regular Routines:

1. Does your child rely upon a special comfort item such as a blanket, bear, etc? Will your child want to bring this comfort item to School? _____
2. Does your child have daytime control of toileting? _____

Child's Interests:

1. Favorite books or stories: _____

2. What are your child's favorite play activities? _____

3. Previous organized group experiences (church school, preschool, music class etc.) _____

Describe your child's attitude toward such experiences. _____

Other:

1. Do you have any concerns about your child you wish to share with the teacher?

2. Are there areas in which your child experiences difficulty or does your child have any specific fears?

3. Does your child receive: ___ Speech Therapy, ___ Occupational Therapy, ___ Physical Therapy, ___ Sensory Therapy, ___ other: _____

Return by May 1