



ALL ABOUT MY CHILD

Child's Name:

Child's Date of Birth:

My child's favorite things to do are...

My child's favorite and least things to eat are...

My child's favorite books and television shows are...

My child dislikes...

My child really shines when he/she...

My child struggles with...

I am hoping school this year will help my child to...

My child is most excited about...

My child is afraid of...

My child makes connections with adults through...

Academic goals for my child include...

My child communicates through (average words per sentence, shy/not shy, points, etc.)...

My child receives these additional learning supports (OT, Speech, etc.)...

Any additional information that will be helpful for us to know about your child...

Parent occupations (for special career days, etc.)...

Thank you for this information! We look forward to a terrific year together at PASA!