



BRIDGE

Introduction Form

This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand him/her.

PLEASE RETURN INFORMATION FORM TO THE TEACHER

Child's Name: _____ Birthday: _____ Sex: M/F (circle one)
Name Called: _____ Right/Left Handed: _____
Has your child attended a Children's Day Out? _____ If Yes, Where: _____
Is your child allergic to any medication or food? _____ If yes, What?: _____
Is your child taking any medication: _____ If yes, What?: _____
Please note any birthmarks or unusual markings on child's body: _____

Parent 1 Name: _____ Parent 2 Name: _____
Parent 1 Occupation: _____ Parent 2 Occupation: _____
Parent 1 Primary Phone: _____ Parent 2 Primary Phone: _____
Parent 1 Work Phone: _____ Parent 2 Work Phone: _____

HOME AND PLAY EXPERIENCES

Name and ages of other children in your family: _____
What adults live in the home? _____
Does anyone visit the home frequently or for long periods? _____
With whom does the child play? _____
Does your child enjoy playing alone? _____
Favorite play materials? _____
Does your child listen to stories/books? _____
Family music experiences (piano, cd's, etc): _____
Describe your child's experience with screen time (t.v., computer, etc.) _____

Family Pets (please give names): _____
What languages are spoken in the home? _____
Are you members of a church? _____ If yes, what church? _____
Describe how your child is involved in family worship: _____
Child's activities outside the home: _____
Family experiences which have influenced him such as trips, serious illnesses, moves, etc.: _____



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DEVELOPMENTAL

Were there any complications at birth? _____

Have you detected any difficulties in: Hearing? _____ Sight? _____ Speech? _____ Other? _____

Has your child received early intervention? (testing or therapy such as speech, physical and/or occupational) _____

If yes, by whom and elaborate on services received: _____

BEHAVIORAL HABITS (ANSWERS BEYOND “YES” OR “NO” WILL BE HELPFUL)

Tell us about your child’s daily routine: _____

How does he react to change in routine? _____

At what age was your child potty trained (including managing clothing and wiping)? _____

What is your child like during meal time? _____

Is your child nervous? (y/n) _____ Suck thumb? (y/n) _____ Pacifier? (y/n) _____ Blanket? (y/n) _____

What causes your child to show his/her temper? _____

How is your child disciplined? _____

Reaction to discipline: _____

Is your child afraid of anything? _____ If so, how are you dealing with it? _____

What are you most proud of about your child? _____

Now take it from here and tell us about your child. Is he/she imaginative, jealous, independent, talkative, easily angered, happy, active, etc. Add any other information which parents believe staff should be aware of.
