



Toddler Acquaintance Form

The teacher who is well-acquainted with the child, their personal likes and dislikes, interests, family, and many experiences with friends, is better equipped to guide his/her growth. Your thoughtful completion of this form will enable your child's teacher to become well-acquainted with your child and thus to work more effectively with them. The information included in this acquaintance form will at all times be considered confidential.

Child's Name _____ Birthday _____
 First Last

Parent's Names _____

What school has your child attended previously and how many days did they attend? (List all preschools, summer camps, morning out programs, etc.) _____

What was your child's attitude toward the program? Did they separate from you easily? _____

Medical Information

Pediatrician _____ Last Visit (MM/YYYY) _____

Dentist _____ Last Visit (MM/YYYY) _____

Allergies _____

List all regular medications _____

Carpool

My child may be picked up by the following individuals in addition to the Parents:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____



Physical

Use the space below to describe your child's Physical Development. List anything that may be helpful in regards to their birth, hospitalizations, allergies, hearing, vision, muscle control, etc. _____

Explain your family life. Who does your child live with? What responsibilities does your child help you with around the house? What routines are they familiar with for eating, sleeping, bathroom, getting dressed, etc.? _____

Express your child's interests. What pets do you have? What are their favorite indoor or outdoor activities? Do they have a favorite book or story? Any hobbies, sports, or groups that your child regularly attends? Where have they traveled? _____

Social/Emotional

Describe your child's social/emotional skills. List experiences that may involve some of the following: moves away from you, but looks to make sure you are close by; points to show you something interesting; puts hands out for you to wash them; looks at a few pages in a book with you; helps you dress him/her by pushing arm through sleeve or lifting up foot; etc. _____



Language/Communication

Describe your child's language and communication skills. List experiences that may involve some of the following: tries to say three or more words besides "mama" or "dada"; follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me;" etc. _____

Cognitive

Describe your child's cognitive abilities like learning, thinking, and problem-solving. List experience that may involve the some of the following: copies you doing chores, like sweeping with a broom; plays with toys in a simple way, like pushing a toy car; etc. _____

Movement

Describe your child's movements. List experience that may involve the some of the following: walks without holding on to anyone or anything; scribbles; drinks from a cup without a lid and may spill sometimes; feeds herself with her fingers; tries to use a spoon; climbs on and off a couch or chair without help; etc. _____

Miscellaneous

Does your child have any fears or areas of cautiousness? _____



Miscellaneous (cont.)

What are some things you and your child do together? _____

Is there anything your child does or does not do that concerns you? _____

What are your goals for your child at Westminster School for Young Children this year? _____

In one million words or less, is there anything else about your child that we should know? (You can use the back if necessary.) _____

Person Completing This Form _____

Signature _____ Date _____