

The Little School at MDPC 11612 MEMORIAL DRIVE HOUSTON, TEXAS 77024 713-490-9267

INTRODUCTORY INFORMATION

Please answer the questions on this sheet as completely as you can so your child's teachers can become more familiar with your child.

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Child's Name		Nickname
Date of Birth	Gender	
Tell us about your family (siblings, grandparents, and other extended family).		
Who cares for your child when yo	ou are away?	
If your family has pets, what kinds	? What are their nam	nes?
What are some of your child's fav	vorite toys and activiti	ties?
Does your child have any fears? I	f so, what are they?	
What prompts your child to lose the	heir temper?	
What seems to be the most comr	mon issue between p	parent and child?
What methods of discipline do yo	on nses	

If there have been any memorable events in your family recently, please describe them briefly:

Has your child had any previous school experience?

How would you describe your child's personality?

Does your child have any speech problems?

What is your child's general attitude about eating?

Does your child feed him/herself?

What are your child's favorite foods?

Does your child take regular naps?

Does your child have any special habits at bedtime?

Is your child potty trained?

If trained, does your child have accidents?

What word is used for urination?

For bowel movements?

Tell us about your child (demeanor, likes or dislikes, etc.).