

# ALL ABOUT MY CHILD



My Child's Name

Age

Birthday

Parents & Siblings' Names

My Child Likes



My Child's Favorite ...

Color: .....

Foods & Preparation Preferences:

.....

.....

Activities: .....

.....

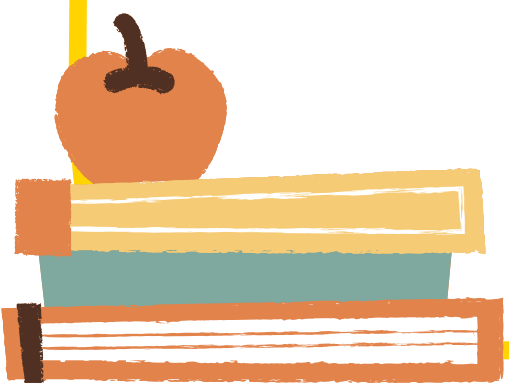
Things to do and talk about:

.....

.....

Pets: .....

My Child Dislikes



Bathroom Routine at School



My Child's Communication Needs / How They Communicate

Things My Child Needs Support With

How My Child Asks/Indicates They Need a Break

Activities/Strategies to Help Calm My Child



Things My Child Struggles With (e.g. Loud Noises, Transitions)

Allergies and Medications



Other Important Things

Best Way to Contact Me

.....

Parents & Siblings' Names

.....

.....

Please Contact Me When

☐

Please use a communication log or daily report to let me know how my child's day went so we can talk about it after school.

