

## ALL ABOUT ME

**Student Name:** \_\_\_\_\_ **Goes By:** \_\_\_\_\_

### PLAY

What are some of the things your child likes to do? \_\_\_\_\_

Does he/she like to play with other children?  Yes  No What ages? \_\_\_\_\_

Does he/she like playing alone?  Yes  No

What are some of his/her favorite toys and play materials?

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### TOILETING

Does he/she tell an adult when he/she needs to go to the restroom?  Yes  No

How? \_\_\_\_\_

Does he/she need to be reminded?  Yes  No

Does he/she go by himself/herself?  Yes  No

Any other comments that would help us in working with your child in this area?

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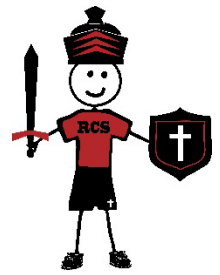
### SLEEPING

What time does he/she usually go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does your child have his/her own room?  Yes  No Does he/she take a daytime nap?  Yes  No

2141 5<sup>TH</sup> STREET, CUYAHOGA FALLS, OH 44221 330.923.1280 Fax 330.923.4517  
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**MISCELLANEOUS**

Is your child attached to a security object (blanket, pacifier...)?  Yes  No

Please explain: \_\_\_\_\_

Does your child need help in dressing or undressing?  Yes  No

Comments: \_\_\_\_\_

Can he/she be understood by those outside the family when he/she speaks?  Yes  No

If no, please explain: \_\_\_\_\_

Does he/she have any special fears? \_\_\_\_\_

Does he/she throw temper tantrums?  Yes  No (please continue onto the back)

Is there anything else that you would like us to do that would help or benefit your child?

\_\_\_\_\_

What needs does your child have that would require special attention?

\_\_\_\_\_

Describe your child's previous experiences with a group of children outside the home.

\_\_\_\_\_