

# Getting to know your *School Ager*

Child's Name: \_\_\_\_\_

Child's classroom grade: \_\_\_\_\_

**My child:**

- lives with both parents
- lives with one parent
- lives with other family members

**Does your child have siblings?**

Yes  No If Yes, list them below.

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**My child deals with emotions mostly by,**

- throwing tantrums
- needing hugs (being comforted)
- asking for help
- sitting alone
- distractions (toys, stories, etc.)
- singing songs
- being around friends

**Has your child been in childcare before?**

Yes  No

**My child learns best by,**

- sitting one on one with a teacher
- working by him/herself
- working in a group setting
- visually and with objects

**Is there anything else we should know about your child?**

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