

WESLEY LEARNING CENTER
SANDY HOOK, CT. 06482

ALL ABOUT ME

My name is: _____
First Middle Last

PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOUR CHILD

This is the first time I have been apart from my parents. YES / NO

I have been in preschool / daycare before. It was a good / bad experience.

I can put my coat on (do not include buttoning, zipping, tying): by myself / with help

I go to the bathroom: by myself / with help. Explain: _____

When I have to go to the bathroom, I say _____ and _____
(urinate) (bowel movement)

I still need help with _____

When I speak, everyone / only my family, understands me.

I talk: a lot / very little.

I speak the following language(s) _____

I can sit and listen to a story; most of the time / always.

I am able to sit while having a meal or snack. YES / NO

I am LEFT / RIGHT handed or I still use both hands.

I am allergic to: _____ I will _____
(Foods, etc) (Reaction)

If things don't go my way, I am: very upset / a little upset

Relationships:

I play mostly: alone / with others / both I play with people: my age / older / younger

I share: most of the time / sometimes / very little

When I meet people for the first time, I am: friendly / shy / scared.

I have been to the doctor many times for (do not include check-ups) _____

What do you most want your child to gain or accomplish from our program? _____

Other important information about me that will help you understand and care for me better: _____
