

Teacher Information Sheet

*The following information is requested to help teachers get to know and better understand your child.
All information is confidential.*

I. General Information

Name of Child: _____ Child's Preferred Name: _____

Date of Birth: _____ Gender: ___M ___F

Parent's Name: _____ Occupation: _____

Home phone: _____ Cell/Work phone: _____

Parent's Name: _____ Occupation: _____

Home phone: _____ Work/cell phone: _____

Names, ages, and relationships of others living in the home: _____

Favorite toys: _____

games: _____

foods: _____

Please keep Geneva apprised of any changes in contact information.

II. Previous Experiences

Has your child attended another program or been/is enrolled in private therapies or services? ___Y ___N

Please indicate the program name(s) and address, when and for how long: _____

Has your child received any special developmental, educational or behavioral screenings or evaluations?

___Y ___N Please indicate what, when, and with whom: _____

Do you have any reports, progress reports, or goals from that/these programs, as IFSPs or IEPs?

___Y ___N *If so, please share a copy of these records or reports so that Geneva can provide the best possible learning experience for your child.*

May the School have your permission to contact these programs, therapist(s), or teachers? ___Y ___N Please provide names of therapists and/or teachers and contact information:

(Continued...)

III. Special Considerations

Please list any allergies to foods: _____

What emergency medications does your child have and for what purpose? Please explain. _____

Please note that all emergency medication plans must be jointly signed off by both the parent and the child's pediatrician on a MSDE form. The School office has copies of this form which is also available on-line.

Are there other considerations or information, including health history, that you would like your child's teacher to know? This information could also include recent moves, family separations, long trip plans or experiences, social concerns, fears, among others. _____

IV. Parent Expectations and Volunteer Availability

What are your expectations for your child from our program? _____

To celebrate our school's cultural diversity, please share information about your family:

Cultural or ethnic background: _____

Languages spoken at home: _____

Family traditions: _____

Would you be willing to be a resource for cultural awareness activities? ___Y___N

Would you be willing to be a volunteer in your child's classroom? ___Y___N

Would you be available to volunteer at home to help prepare materials, make telephone calls, or run some errands from the library, grocery store, or craft stores? ___Y___N

What is the best time of day to reach you? _____

Do you have any questions about the School, curriculum, or Parent Handbook? ___Y___N

If so, please raise them with us.

Thank you for taking the time to complete this form for your child's teacher. Geneva wants to be responsive and provide the best and most appropriate program for your child. If you have other questions, please feel free to stop by the School office and we would be glad to answer them.

Thank you again! It's going to be a great year!