

Getting to know **MY CHILD**



National Center for Learning Disabilities
The power to hope, to learn, and to succeed



A Union of Professionals



National Center *for* Learning Disabilities

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The **National Center for Learning Disabilities** (NCLD) improves the lives of all people with learning difficulties and disabilities by empowering parents, enabling young adults, transforming schools, and creating policy and advocacy impact.

www.nclld.org



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The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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Transitioning to Kindergarten: A Toolkit for Early Childhood Educators

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Getting to Know My Child:

A GUIDE FOR MY CHILD'S KINDERGARTEN TEACHER

Dear Parent or Guardian,

Getting ready for school and learning to read and write begins early in your child's development, well before kindergarten or first grade. The love and guidance that you provide your child can set him or her on the way to many years of success in school.

This booklet guides you through the process of sharing what you know about your child with the kindergarten teacher who will be working with your child in the new school year. It gives you the opportunity to pass on important information about your child's likes and dislikes, strengths and weaknesses and any concerns that you may have. If your child is receiving any special services, the information that you provide here can help to ensure that those services continue without gaps into the new school year.

This booklet will work best if you review and discuss it with your child's kindergarten teacher during the first month of school. Taking the time to connect with your child's teacher will get the new school year off to a terrific start!



For Parents

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Child's Name _____

Basic Information

Name(s) of Person(s)
completing this form: _____

Date: _____

School: _____

Child likes to
be called: _____

Child's date of birth: _____

Parent's name: _____

Parent's name: _____

Other adult(s)
living in the home: _____

Address: _____

Phone(s): _____

Best time to reach us: _____

About My Child

My child's favorite things:

Favorite color _____

Favorite food _____

Favorite book _____

You may attach
a photo of
your child



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About My Child (*continued*)

Favorite toy _____

Favorite expression _____

Other favorites: _____

My child is good at:

My child likes to: (*check all that apply*)

Listen to stories

Draw and color

Play alone

Play with other children

Play outside

Play quiet games inside

Go to a friend's house

My child doesn't like to:



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I'd like you to know this about my child:

My child learns best by:

About My Child's Early Learning Experiences at Age 4:

If your child is not enrolled in any program, check here _____

My child has been enrolled in _____ from
(name of preschool or program)

_____ to _____.
(date) *(date)*

This is a:

- | | |
|--|---|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Family Child Care Home |
| <input type="checkbox"/> Parents as Teachers program | <input type="checkbox"/> Other |



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For more information about this program, contact:

Name: _____

Phone: _____

About Our Family:

We speak the following languages in our home:

Most of the time, I speak _____ (*write in language*) to my child.

Most of the time, my child speaks _____ (*write in language*) to me.

Some things I'd like you to know about my family:

(*culture, activities that the family enjoys doing together, other*)

There are _____ children in the home. Their ages are:

The best times for me to come to the school are:

My family would like to share the following skills or activities with our child's class or school:



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Screenings and Special Services:

My child had a hearing screening on _____ at _____.
(date) *(location)*

Results:

My child had a vision screening on _____ at _____.
(date) *(location)*

Results:

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My child had other screenings:

Speech: date _____ location _____

Results:

Other (please describe):

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My child receives these supports and special services:

If your child does not receive any special services, check here: ____

TYPE OF SERVICE	RECEIVED LAST YEAR	RECEIVES THIS YEAR	AMOUNT OF TIME/WEEK	SHOULD RECEIVE IN KINDERGARTEN
Occupational Therapy (OT)				
Physical Therapy (PT)				
Speech and Language (S/L)				
Social Worker				
Other* <i>(Please describe):</i>				

***Please describe any other health needs:**

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I would like you to observe my child because I am concerned about the following:

Thank you for getting to know my child!

We want to work with you to ensure a successful kindergarten year!

Signature(s) Date

Signature(s) Date



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