Getting to know MY CHILD
Getting to Know My Child is an excerpt from
Transitioning to Kindergarten: A Toolkit for Early Childhood Educators

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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!
Getting to Know My Child:
A GUIDE FOR MY CHILD’S KINDERGARTEN TEACHER

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
- [ ] Play alone
- [ ] Play outside
- [ ] Go to a friend’s house
- [ ] ______________________
- [ ] ______________________
- [ ] Draw and color
- [ ] Play with other children
- [ ] Play quiet games inside
- [ ] ______________________
- [ ] ______________________

My child doesn’t like to:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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
____________________ to ____________________
(name of preschool or program) (date) (date)

This is a:
☐ Child Care Center  ☐ Family Child Care Home
☐ Parents as Teachers program  ☐ 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:
________________________________________________________________________

________________________________________________________________________
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):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
My child receives these supports and special services:

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

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