



Parent/Teacher Conversations



Name: _____ (do you want his/her called at school?)

Birthday: _____ Age: _____

1. Please list the names and ages of your child's brother and sisters.

2. Has your child had preschool or playgroup experience? (Please explain)

3. Does your child have any health problems or allergies?

4. What responsibilities does your child have at home?

5. What form of discipline do you use at home?

6. What skills has your child acquired?

- | | |
|----------------------------------|-----------------------------------|
| ___ Knows writing | ___ Can tie shoes |
| ___ Can button and unbutton | ___ Knows colors |
| ___ Recognized capital letters | ___ Recognized lowercase letters |
| ___ Knows letter sound | ___ Likes to listen to stories |
| ___ Can point first name | ___ Can count to _____ (how far?) |
| ___ Recognized numbers to _____ | ___ Can color in the lines |
| ___ Has experience with scissors | |