

Salem Early Childhood
Tell The Teacher More...
2017-18

Must be completed and returned prior to the beginning of the school year.

Child's Name: _____ Class: _____

Boy or Girl: _____ Nickname: _____

Developmental History:

Was child carried full-term? If premature, how much?

Were there any complications at birth?

Do you or your child's physician have any concerns regarding your child's development? *(physical, emotional, social, speech)*

Describe the family dynamics: *(Do both parents live in the home? If not, with whom does the child live? Are there other adults in the home? Brothers and sisters?)*

Describe your child's temperament, social and emotional development: *(How does your child react when playing with a group of children? Has your child been in other group settings before? Does your child display separation anxiety, shyness? Acclimate easily to new surroundings? Use words to express feelings?)*

Describe what motivates your child:

Describe what distresses your child:

Please share anything else that you would like your child's teacher to know:

Please share any specific concerns you have with your child's teacher:

If you would like a personal "Tell the Teacher More" visit with your child's teacher, please complete the information below:

___ Yes, please contact me to arrange a time to visit.

The best way to contact me is: _____

