	rly Childhood
	Seacher More 24-2025
Please complete and email to <u>bschlic</u>	
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 development? <i>(physical, emotional, social</i>	
<u>Describe the family dynamics</u> : (Do both p the child live? Are there other adults in the	parents live in the home? If not, with whom does e home? Brothers and sisters?)
Describe your child's temperament, socia	al and emotional development: (How does your
child react when playing with a group of c	children? Has your child been in other group
	paration anxiety, shyness? Acclimate easily to
new surroundings? Use words to express f	eelings?)

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<u>Describe what motivates your child</u> :
Describe what distresses your child:
<u>Please share anything else that you would like your child's teacher to know</u> :
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:

