

# TCW STUDENT INFORMATION FORM 2018-2019

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Relationship \_\_\_\_\_

**Please complete the entire form. Your responses provide invaluable information that enables your child's teachers to better understand and support your child. Feel free to attach additional pages, if necessary.**

1. Please list all household members and their relationship to your child. *Please include age of siblings:*

_____	_____
_____	_____
_____	_____

2. What is your child's primary language? \_\_\_\_\_

a. What language(s) is spoken at home? \_\_\_\_\_

b. Do you require a translator to facilitate communication with school staff? \_\_\_YES\_\_\_NO

3. Does your child have any allergies? \_\_\_YES\_\_\_NO

**If yes**, please list: \_\_\_\_\_

*How is this evidenced?* \_\_\_\_\_

4. Is your child toilet trained? \_\_\_YES\_\_\_NO

a. Are there bathroom or training routines that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

b. *Word for urination?* \_\_\_\_\_ c. *Word for bowel movement?* \_\_\_\_\_

5. Define your child's regular sleeping patterns:

a. *Wakes at* \_\_\_\_\_: \_\_\_\_\_ *AM*, b. *Naps at* \_\_\_\_\_: \_\_\_\_\_

c. *Goes to bed at* \_\_\_\_\_: \_\_\_\_\_ *PM* d. *Sleeps through the night?* \_\_\_YES\_\_\_NO

6. Does your child have a transitional object, i.e. blanket, toy, stuffed animal, book etc...?

\_\_\_\_\_

7. Is your child frightened by anything in particular? \_\_\_\_\_

\_\_\_\_\_

8. How does your child let you know that he/she is upset? \_\_\_\_\_

\_\_\_\_\_

9. What is the best way to comfort your child? \_\_\_\_\_

\_\_\_\_\_

10. What limit setting approaches have you found to work best with your child?

\_\_\_\_\_

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**See back→**

11. How does your child handle transitions and/or new situations? What is helpful for him/her or you?

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12. How does your child deal with separation?

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13. Has your child been cared for by anyone other than a family member?

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Has your child experienced being in a group setting with peers? \_\_\_YES \_\_\_NO

**If yes,** \_\_\_family/home-based program, or \_\_\_center/school based program

**If yes,** was a parent or caregiver with him/her? \_\_\_YES\_\_\_ NO

14. Was the pregnancy with your child full term? \_\_\_YES \_\_\_NO If no, please explain:

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*a. Were there any complications with the birth?* \_\_\_YES \_\_\_NO If yes, please explain:

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15. Have you any concerns or questions about your child's development?

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16. Has your child ever received Early Intervention or support services?

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17. Are there any specific family issues of which we should be aware such as divorce, separation, adoption, illness, move, religious beliefs, etc...?

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18. Is there any other information about your child that you would like us to know?

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19. What are your goals (i.e. social, emotional, cognitive, physical) for your child for this year?

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