




Name: _____
Nickname: _____
My Child Speaks: _____ language(s)




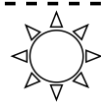
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Right-Handed | <input type="checkbox"/> Wears glasses all the time. |
| <input type="checkbox"/> Left-Handed | <input type="checkbox"/> Wears glasses to read. |
| <input type="checkbox"/> Not Sure Yet | <input type="checkbox"/> Doesn't wear glasses. |


Loves to talk about: 

Gets nervous about: 

Reacts positively when I: 

Reacts negatively when I: 

Three areas where my child shines are: 

My child lives with: 

My goals for my child: 