Name: _____

Nickname: _____

Language(s) My Child Speaks: _____

- ❑ Right-Handed
- ❑ Left-Handed
- ❑ Not Sure Yet
- ❑ Wears glasses all the time.
- ❑ Wears glasses to read.
- ❑ 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: