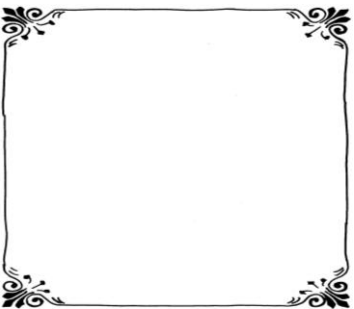




Name: _____
Nickname: _____
Language(s) My Child Speaks: _____



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