

**Getting to know my child**



*Embracing Equality and Diversity*

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Home address \_\_\_\_\_

Phone # \_\_\_\_\_ Assigned Classroom \_\_\_\_\_

**My child does the following things well**

- |  |   |
|--|---|
| <input type="checkbox"/> Walks                       | <input type="checkbox"/> Speak in sentences   |
| <input type="checkbox"/> Runs                        | <input type="checkbox"/> Tie his/her shoes    |
| <input type="checkbox"/> Feed him/herself            | <input type="checkbox"/> Zips his/her clothes |
| <input type="checkbox"/> Grab things with both hands |   |

**This is what my child likes**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**This is what my child dislikes**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**My child needs help with**

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Hope Grows at Lost Knife  
Location 1  
9845 Lost Knife Road  
Gaithersburg, MD 20886  
301-990-3170

Hope Grows at Century  
Location 2  
20111 Century BLVD- A.  
Germantown, MD 20874  
240-246-7835

Hope Grows at Fox Chapel  
Location 3  
19757 Frederick Road  
Germantown, MD 20876  
240-912-4294

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**My child enjoys these physical activities:**

running       climbing       dancing       biking  
 walking       sliding       jumping       skipping  
Others \_\_\_\_\_

**My child may have difficulties doing this activity:**

\_\_\_\_\_  
\_\_\_\_\_

**My child will need the following: (equipment, routine,)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the primary language used at home? \_\_\_\_\_

Will your child need assistance in another language? \_\_\_\_\_

Can you tell us a little about your cultural background so that we may help your child by understanding his/her needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: All information contained herein is for confidential use only, these will be shared with classroom teachers only to understand your child's specific needs.**

**Parent/ Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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