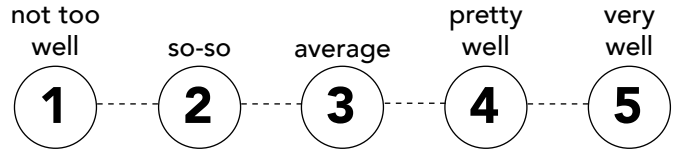


Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Your child's teacher wants to know about how your child behaves and socializes, please complete the following surveys to help them out!**

For each prompt, enter a number between 1 and 5 to indicate where your child's behavior falls. The rating system is:



**HOW WELL DO I:**

do in the morning?		do in the evening?	
do in the afternoon?		play with adults?	
sleep?	eat lunch?	nap?	
play by myself?		play with another child?	
play in a small group?		play in a large group?	
eat dinner?	play inside?	play outside?	
play with older children?		play with younger children?	
do when children sit near me?		do when children sit further away?	

**HOW DO I LET PEOPLE KNOW:**

I'm angry/upset? crying, screaming, etc.	I'm happy? laughing, jumping, etc.
I don't want something? push it away, say 'no,' etc.	I want something? reaching, talking, etc.
I don't like something? crying, throwing, etc.	I like something? smiling, laughing, etc.

**WHAT MAKES ME:**

angry or upset?	happy or excited?
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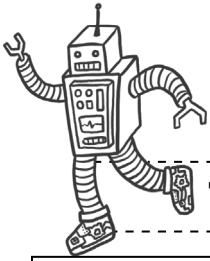
**WHAT HELPS ME WHEN I'M:**

sad?	
angry?	
scared?	

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

Date of Birth: \_\_\_\_\_

# FAVORITE



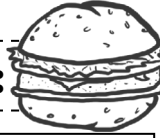
## TOYS:

1.)

2.)

3.)

## FOODS:



1.)

2.)

3.)

## ACTIVITIES:



1.)

2.)

3.)

1.)

2.)

3.)

1.)

2.)

3.)

1.)

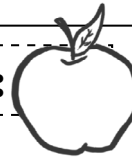
2.)

3.)



## TOYS:

## FOODS:



## ACTIVITIES:



# LEAST

# FAVORITE

Put an 'X' next to all of the activities that your child enjoys!

action figures	baby dolls	blocks/legos	books	cars/trains	coloring
computer	cutting	dress-up	playing outside	painting	pasting
play doh	pretend cooking	real cooking	sand table	water table	

## WHO DOES YOUR CHILD:

### Behave well with?

1.)

2.)

3.)

Your child's teacher wants to know about their social history and relationships. Responses can be something like 'older brother' or 'grandma.'

### Behave poorly with?

1.)

2.)

3.)