



TELL THE TEACHER MORE 2021-2022

Please email completed form to bschlichting@salem4u.com by August 10th.

Child's Name: _____ Class: _____

Boy/Girl: _____ Nickname: _____

Developmental History:

Was the child carried full-term? _____ If premature, how much? _____

Were there any complications at birth? _____

Do you or your child's physician have any concerns regarding your child's development? (*physical, emotional, social, speech*)

Describe your family's dynamics: *Do both parents live in the home? If not, with whom does the child live? Are there other adults in the home? Brothers and sisters?*

Describe your child's temperament, social and emotional development: *How does your child react when playing with a group of children? Has your child been in other group settings before? Does your child display separation anxiety, shyness? Acclimate easily to new surroundings? Use words to express feelings?*

Describe what motivates your child:

Describe what distresses your child:

Please share anything else that you would like your child's teacher to know:

Please share any specific concerns you have with your child's teacher:

If you would like to have a personal *Tell the Teacher More* visit with your child's teacher, please complete the information below:

Yes, please contact me to arrange a time to visit.

Parent's Name _____

The best way to reach me is: _____