The Little School at MDPC 11612 MEMORIAL DRIVE HOUSTON, TEXAS 77024 713-490-9267

INTRODUCTORY INFORMATION

Please answer the questions on this sheet as completely as you can so your child's teachers can become more familiar with your child.

Child's Name	Nickname
Date of Birth	Gender
Tell us about your family (siblings,	grandparents, and other extended family).
If your family has pets, what kinds	s? What are their names?
What are some of your child's fav	vorite toys and activities?
Does your child have any fears? I	If so, what are they?
What prompts your child to lose t	heir temper?
If there have been any memorab	ole events in your family recently, please describe them briefly:
Has your child had any previous s	school experience?
How would you describe your chi	ild's personality?

What is your child's general attitude about eating?
What are your child's favorite foods?
Does your child feed him/herself?
Does your child take regular naps?
Does your child have any special habits at bedtime?
Is your child potty trained?
If trained, does your child have accidents?
What word is used for urination?
For bowel movements?
Tell us about your child (demeanor, likes or dislikes, etc.).