



**SOUTHMINSTER SCHOOL**  
**ELEMENTARY STUDENT**  
**INFORMATION FORM 2018-2019**

The purpose of this questionnaire is to familiarize your child's teacher with your child and to ease the transition into the classroom. Please answer the following questions and return this form by the start of school. Your child can help you complete this form. Thank you.

**NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_

**SEX** M    F    **BIRTHDATE** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

The people who live in our house are:

Name _____	Relationship _____
_____	_____
_____	_____
_____	_____

In our family he/she is the: oldest      middle      youngest      only child.

He/she is allergic to \_\_\_\_\_

He/she takes medication for \_\_\_\_\_

Family experiences which have influenced him/her such as trips, a move, serious illnesses, etc.

How does he/she react to a change in routine?

What causes him/her to show temper?

How does he/she act when you discipline him/her?

Angry      Pout      Sullen      Very hurt      Other (Please Explain)

If your child becomes upset, what does he/she find comforting?

Have you detected or suspected difficulties in: Hearing      Sight      Speech  
Other?

In your opinion, what are your child's strengths (including academic, social, emotional, and physical ability)?

In your opinion, in what area(s) does your child need more focus (including academic, social, emotional, and physical ability)?

If there is any other information or concerns, please use the space below.