

Personal/Social Relationships:

Has your child had any previous school or play experience? _____ If yes, where and for how long? _____

Was this a good experience for your child? _____

Generally, how does your child adjust to new experiences? _____

Who does your child seem to enjoy spending time with when given a choice, children or adults? _____

What would you like your child to gain from this experience? _____

What do you feel are your child's strengths? _____

In what areas of your child's development do you feel he/she needs encouragement? _____

Is there any further information you would like to share about your child? _____

Families are encouraged to become involved in Center activities. Please check any areas in which you would like to enrich the lives of the children in your child's program. This is strictly volunteer and would be according to your schedule. We really appreciate any help you can give us!

- _____ Volunteering to read a story or help with an art project
- _____ Giving time as a family to work in the garden area
- _____ Helping with fundraising
- _____ Sharing a special talent
- _____ Sharing information about your job
- _____ Copying surveys/manuals/information etc.
- _____ Making dinner for staff for their monthly night staff meetings
- _____ Doing a cooking project in the classroom
- _____ Being a classroom representative
- _____ Joining the Board of Directors
- _____ Anywhere needed
- _____ Other Suggestions

To help us determine other ways that you could be involved, please answer the following:

Parent's/Guardian's Job Title(s)

Parent or Guardian (Please Print)

Date