

**Campbell County School District
Ready "4" Learning Pre-K Program**

GETTING TO KNOW YOUR CHILD

Child's Name (Last) _____ (First) _____

Please describe your child's personality. _____

How does your child get along with his/her brothers and sisters? _____

How does your child get along with other children? _____

How does your child get along with adults? _____

Does your child have special problems? (i.e., fears, tantrums, etc.) _____

At the present time, do you have any special concerns in regard to your child's development? (i.e., speech, motor development, adjustment issues, etc...) _____

Does your child nap daily? _____ Yes _____ No

If yes, what time of day? _____ AM _____ PM

If yes, how long? _____

Does your child tire easily? _____ Yes _____ No