

1st Grade Student Information Sheet

Please answer the questions below and return to me at your earliest convenience in your child's folder. Thank you for your assistance! It is very much appreciated.

Child's Name _____

Does your child have a nickname that he/she prefers? What would your child like to be called at school? _____

Does your child have any siblings? Please include names/ages below.

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

List five words that best describe your child:



What are your child's interests? _____

Does your child have any allergies? _____

What language is your child speaking at home? _____

What would you like your child to gain from his/her first grade experience?

Please list your child's likes/dislikes below:

Do you have any concerns or does your child have any fears that I should be aware of?

Does your child currently receive any support services such as Speech, Counseling, Occupational Therapy and/or Physical Therapy or have they received these services in the past?

Will your child be picked up from school or will he/she take a bus home? If your child will be riding a bus, please indicate the bus letter your child will ride home.

Bus: _____

Please list the email/phone number that you prefer I use to contact you.

Email: _____ Phone: _____

Thank you again for your assistance with completing this information sheet. If there is anything else that you would like to share, please use the space below or attach an additional page.

