

## Personality Form

In order for us to best educate your child, it is important that we learn a little more about him or her.

Name of Child:

Nickname:

Date of Birth:

Which of the following activities would you say your child gets most excited about? Check all that apply.

- Drawing with crayons
- Painting
- Listening to music
- Dancing
- Singing
- Sports
- Make-Believe
- Building with Blocks
- Working With Tools
- Other (please specify)

Does your child have any special skills or giftedness in any other area?

Are there any areas that present major challenges for your child?

Has your child been diagnosed with any disabilities?

Please feel free tell anything else about your child that you feel we should know.