

Tell Us About Your Child

You know your child best. To help us learn more about your child, please share some thoughts and information about your child with our teachers. Please use the reverse side or attach a separate sheet if you require additional space.

Child's Name _____ Hebrew name _____ Date of Birth _____

1. We love approaching our students in their Hebrew names. Will your child feel comfortable with this? ____

2. Has your child previously attended Religious School? ____ If yes, What did your child like/dislike about this experience?

3. Has your child ever been exposed to the Hebrew language? Please explain.

4. List some of your child's favorite activities:

5. Are there any situations that make your child overly fearful or anxious?

6. Are there any recent events that might affect your child's behavior, i.e. death in the family, loss of a pet, move, change in family situation, new sibling? Please explain.

7. What do you do to comfort your child when s/he is distressed?

8. Is your child receiving any special educational services at this time? Please submit a copy of his/her Individualized Education Plan (IEP) if s/he has one.

9. Does s/he have allergies? Please indicate (food, insect, environmental).

- Is there an airborne danger for any of the allergens listed above? (i.e., Can the item be in the same room as your child in close proximity?) _____
- If a food allergy, is the allergen served to others in your home? _____
- Can the allergen be used in supervised arts and crafts projects? _____
- Other medical restrictions/precautions? _____

10. Please indicate any additional thoughts or concerns that may be helpful to know about your child.
