

Tabatinga OOSH

~ Getting to Know You ~



We look forward to getting to know your child and would very much appreciate you taking time to complete this form.

Child's name: _____

Siblings and ages: _____

What do you prefer to be called: _____

Favourite things: _____

Favourite colour: _____ Favourite book/s: _____

Favourite toy/s: _____

I am good at (e.g. sport, dancing): _____

I like to: (tick all that apply)

Listen to stories Draw and colour

Play alone Play with others

Play outside Play quiet games

Go to friends house Play make-believe

What do you like to do for FUN outside of school?

I don't like to:

I would like you to know this about my child:

My child learns best by:

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Any holidays your family does not celebrate? Are there any languages (other than English) spoken at home?

Sensory Needs (sensitive to noise, does not like to be touched, etc)

Common Cause for Emotional Triggers/Shutdown:

Food Allergies and Their Associated Reactions: (not special diets, please write these down on next item)

Dietary Restrictions: (preferred diet, but will not cause harm, these diets will be followed, I just need to know what will/will not harm them)
