



Home-School Connections Form

Child's Name: _____ Preferred Name: _____

DOB: _____ Beginning Date at RISE: _____

What classrooms has your child attended? (Circle Each)

Infants Waddlers Toddler A Toddler B Preschool A Preschool B Preschool C

Interests

1. What are your child's favorite activities and toys? _____

2. What things frighten your child? _____

3. What do you do to comfort your child? _____

4. List the places your child frequently visits: _____

5. List the significant people in your child's life (including their nicknames): _____

Optional Information

1. Are there any cultural considerations regarding your family that RISE should be aware of for the classroom? _____

2. What are the holiday traditions your family celebrates? _____

3. How are these traditions usually celebrated? _____

4. What is the religious preference for your family? _____

5. What (if any) Awareness events does your family celebrate? _____

Concerns /Expectations

1. Please list any concerns you may have about your child's development:

2. Please list any expectations you have for the next school year:

3. Is there anything else you would like us to know related to classroom needs:
