

Introducing Me Fillable Form

Child's Name: Click or tap here to enter text.



Name my child likes to be called is: Click or tap here to enter text.

Child's Pronouns are: Click or tap here to enter text.

Activities does your child really enjoy? Click or tap here to enter text.

Who are the family members or friends your child most enjoys spending time with? What are some of the things they do with your child? Click or tap here to enter text.

What helps your child feel more comfortable in new social situations? Click or tap here to enter text.

How does your child respond to new situations or challenges? Click or tap here to enter text.

Please share an example of a time when your child learned something new and how they learned it. Click or tap here to enter text.

My child lives with these adults: Click or tap here to enter text.

My child lives with Choose an item. other children. Their names and ages are: Click or tap here to enter text.

My child is close to:

☐ Mom

☐ Dad

☐ Grandfather

☐ Grandmother

☐ Aunt

☐ Uncle

☐ Stepmom

☐ Stepdad

☐ Other: Click or tap here to enter text.

We speak the following languages at home: Click or tap here to enter text.

Here are some ideas to help support my child when she is frustrated, angry, or sad. Click or tap here to enter text.

Here are some ideas how to keep my child healthy and safe at school. *(For example, are there certain foods and/or activities that your child should avoid because of allergies or other physical concerns?)* Click or tap here to enter text.

CONNECTION INFORMATION



Virtual Connection:

Are you interested in connecting virtually (ex. Meeting via Zoom, Microsoft Teams, etc.)?

☐ Yes

☐ No. I would like to figure out a plan of reciprocal communication.

Identified Person to Contact:

Best person to connect with regarding my child's learning is:

Full Name: Click or tap here to enter text.

Relationship to my child: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

- Preferred form of communication Choose an item.:
- Preferred time of day: Choose an item.



I want you to know these things about my child: Click or tap here to enter text.

Adapted from:

1. Washington State Early Learning and Development Guidelines: Birth through Third Grade, Department of Early Learning, 2012.
2. Getting to Know My Child: A Guide for My Child's Kindergarten Teacher, National Center for Learning Disabilities.
3. Introducing Me! adapted by University of Washington, Center for Quality Early Learning (CQEL) and Office of Superintendent of Public Instruction (OSPI). Last revised May 2013