

**Student's Social Information
Green Hills School**

Name: _____ Date: _____

1. Has your child been to nursery school or a day care center? _____
Where _____ How Long _____

2. How does your child relate to other children his/her own age? _____

3. Do you anticipate your child will have any problems with adjustment to the school setting? _____

4. Does your child have behavioral difficulties or bathroom problems, etc? _____

5. What are your child's fears or worries? _____

6. Are there any special circumstances that you feel the teacher should be made aware, i.e. new baby, family illness, death, divorce/separation? _____

7. Does/Did any close family member have any learning problems? _____

Comments:

Parent's/Guardian's Signature

Date