



PLEASE TELL US ABOUT YOUR CHILD

Child's Name:	Age:
Date:	Class:

What makes your child unique? Check all that apply to your child MOST or ALL of the time. Please add any information you think is important for adults working with your child. This form will be shared with SMUUCH's RE staff and volunteer teachers to help them promote the success and enjoyment of all our RE children.

X here if applies	MY CHILD'S STRENGTHS:	X here if applies	MY CHILD STRUGGLES (more than others his/her age) WITH THESE:
	likes doing art		is sensitive to light, noise, smells
	likes to read out loud		is sensitive to certain textures (for example, sticky or gooey substances)
	likes to play music		dislikes dressing up, putting clothes on
	enjoys singing		tends to get over-excited
	enjoys being read to		dislikes/is unable to read out loud
	likes to write		has difficulty with writing
	likes to participate in acting		is easily frightened (of what? Please give examples):
	enjoys quiet activities		is anxious in group situations
	enjoys being in a group		has trouble taking turns
	is very energetic		has difficulty following directions or complying with requests
	has a good sense of humor		interrupts others frequently
	is unusually compassionate		doesn't like to talk in groups
	is good at taking turns		finds sitting still difficult; needs to MOVE
	enjoys being the center of attention		says inappropriate things
	likes to be a leader		quickly becomes frustrated
	is an independent thinker		does not like being touched at all
	enjoys helping her/his peers		hits, kicks, or throws things

Please provide additional information, concerns, and suggestions:

I understand and agree that the information provided above may be shared with my child's Volunteer Teacher and SMUUCH RE Staff.

Person completing form:	
Relationship to child:	