



## All About Me.....

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(Student's First and Last Name)

1. What name would you like your son/daughter to learn to write at LHP?  
\*this should be what they will continue to learn in Elementary School
2. Has your son/daughter been to preschool before? If yes, Where?
3. Has your son/daughter been diagnosed with any learning/behavioral disabilities? If yes, explain.
4. Are there things you notice about your kiddos speech, hearing or behavior that would be good for us to know?
5. Are there any circumstances at home that would be helpful for us to know?
6. Does your kiddo have a difficult time eating food?  
(picky eater, texture issues, etc.)
7. Which hand does your child color, write or hold scissors in?
8. What is your child's middle name?