

School Name:

Name:

## ☆ Tell Us about Your

Date of Entry:      /      /

How does your child interact and communicate with others?

How does your child interact with others?

How does your child express his or her feelings and thoughts?

Sports and Physics

How does your child utilize his or her body when making big movements?

How well can your child handle tasks that requires delicate hand movements?

Talents and Hobbies

Things that your child is good at.

Things that your child loves doing

Things that your child has trouble with

Activities or places that your child doesn't like

What do the things your child doesn't like have in common?

How does your child spend his or her free time?

How does your child spend his or her time when at home?

How does your child spend his or her time when not at home? (lesson, etc.)

