

8. Do you have a ____ VCR? ____ Cable TV? ____ DVD Player?

How many hours does your child watch TV per day:

in the fall/winter? _____ in the spring/summer? _____

What are your child's favorite channel(s) or shows? _____

9. Do you have Game Cube, Nintendo, PlayStation or a similar video game? yes - no

How many hours per day does your child play video games? _____

Is your child good at playing video games? Favorite games? _____

10. Does your child have any friends in your neighborhood? yes - no

How many? ____ own age ____ older ____ younger ____ no friends

Does your child know anyone in his/her Kdg. Class this year? Who? _____

11. Does your child have any fears or dislikes? yes - no Explain: _____

12. Is your child allergic to anything? How severe are the reactions?

Is your child taking any medication on a regular basis? For what? _____

13. In a million words or less tell me about your child. What do you think your child's strengths are? (academic, sports, personality, character, anything!) You may continue on the back of this packet. _____