14. Based upon your own observations of your child, please check any item on this list yo					
think would nelp me to	better understand y	our child's needs this year. You may explain o			
		this packet, if you wish.			
sight hearing speech sharing	behavior listening	following directions putting things away			
			shyness	talking	cutting with scissors
			15 When do		>;
15. Where do you plan to	o send your child for	r first grade?			
Lakeview moving before	ST. Madeline's e Sentember	private school other			
16. Please answer the fo	llowing questions to	help me get to know and understand			
your child and your f	amily.				
How long have you lived	in your current home	e/apartment?			
List the names of the pe	eople living with your	r child and their relationship to your child.			
Are you a single parent?	yes - no				
		ngements for your child? yes - no			
If yes, please explain:	,	gemente for your crime, yes no			
Mother's occupation / er	nployer?				
Father's occupation / em	iployer?				
		e while you work? yes - no			
If yes, what is the name	and phone number?				
Have there been any re-					
school records? Any oth	ent births? What is	s the baby's name and birth date for our			
school records? Any oth	ier new members in	your nousehold?			
Is there a baby on the w	ay? What is the due	date?			
On the back, please write any	thing else you think is in	nportant for the teacher to know about your child. >>>			