

Twin Cities Cooperative Preschool

PERSONALITY PROFILE OF _____

Father's Name	Occupation and Employer	Business Phone
Mother's Name	Occupation and Employer	Business Phone
Name of two Friends or Relatives	Emergency Phone Numbers	

1. _____

2. _____

To Parents: In order for us to develop an immediate personal rapport with your child, would you please provide the information requested below. You may omit any answers you wish. Please use the back, if necessary.

1. Please describe the persons or programs which your child has been involved with this past year before entering school.
2. With what ages and sex of children has your child frequently played? Or does your child play alone?
3. What toys and games does your child prefer?
4. In what activities does your child participate outside the home? Church, picnic in the park, family activities, etc.
5. What are your child's favorite foods?
6. Does your child have any strong fears? Such as, fear of darkness, being left away from home, or some animal.
7. Does your child have a special need or habit or schedule which we should know about?
8. Does your child take a nap regularly, or sometimes? Is this at a particular time of day?
9. Is your child usually happy and in a good mood?
10. Is your child shy, sensitive, overactive, or aggressive? Does he or she exhibit other strong personality traits which we should know about?
11. On the back, will you please write a few sentences about what you think of your child.