



HOLY FAMILY CATHOLIC SCHOOL

"Shaping lives and creating a bright future together in faith, knowledge and love."

PRE-K AND KINDERGARTEN PARENT'S OBSERVATION FORM

FAMILY NAME: _____

TODAY'S DATE: _____

CHILD'S NAME: _____

NICKNAME USED AT HOME: _____

1. What are your child's favorite toys?
2. How many hours a day does your child watch TV?
3. What is your child's usual bed time?
4. Does your child have any habits such as thumb sucking, nail biting, etc.? Please describe.
5. Does your child have any particular fears or nightmares?
6. Does your child have any allergies (if so, please list them)?
7. Does your child have any physical problems that we should be aware of (such as hearing, speech, vision difficulties or other medical problems)?
8. Is your child under any medication or therapy?

A Blue Ribbon School

