



# The Burlington Academy of Learning

Where Children and Families Are Celebrated!

## Student Profile

Child's Name: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is there a second language spoken in your home? Yes\_\_\_\_ No\_\_\_\_ If yes, what language? \_\_\_\_\_

Is your child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your child a foster child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, at what age was your child adopted? \_\_\_\_\_ Birth origin? \_\_\_\_\_

Does your child know s/he is adopted? \_\_\_\_\_ For how long? \_\_\_\_\_

Please list names and dates of birth of all siblings and, if expecting, please list the due date:

Name of sibling: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of sibling: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of sibling: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any pets? \_\_\_\_\_

What is your child's favorite:

Toy? \_\_\_\_\_ Game? \_\_\_\_\_ Book? \_\_\_\_\_ Place to play? \_\_\_\_\_

Does your child have any particular fears? (ex. dogs, loud noises, insects, etc.) \_\_\_\_\_

How does your child react to anxiety or stressful situations? (i.e. cry, withdraw, tantrum) \_\_\_\_\_

How is your child best comforted? \_\_\_\_\_

Does your child have any previous play group or school experience? \_\_\_\_\_

How does your child relate to other people? \_\_\_\_\_

Are there any circumstances regarding your child's emotional or physical health that you would like us to know? \_\_\_\_\_

(OVER PLEASE)

Does your child sleep well? \_\_\_\_\_

Does your child nap? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_ When? \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please give us details regarding his/her stage of toileting development: \_\_\_\_\_

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What are you most proud of about your child? \_\_\_\_\_

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Does your child have a favorite friend or relative, real or imaginary, which s/he may talk about? \_\_\_\_\_

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Are there special experiences or events in your child's life that you want us to be aware of? \_\_\_\_\_

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Is there something that your child has just learned that is important to him/her? \_\_\_\_\_

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Is there something else about your child you would like us to know? \_\_\_\_\_

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What would you like your child to gain from his/her school experience this year? \_\_\_\_\_

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Please use the space below to elaborate on any of the above if necessary. And as always, please feel free to contact your child's teachers before the start of school if you feel more communication would be beneficial for assisting teachers in providing the best possible school experience for your child. \_\_\_\_\_

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