

Best Buddies Learning Center:

Student Biography

The purpose of this form is to allow you the opportunity to share information about your child and their family that will enable your child's teacher to gain a deeper understanding of their strengths and needs as they start a new school year.

Students FULL Name: _____ **Nickname:** _____

Number of Siblings, Names, & Ages: _____

Parents Occupations: _____

Important Family Dynamics (i.e. recently moved, living with or cared for by another family member, separated/divorced parents, siblings with special needs, etc.) _____

Strategies used at home to sooth and calm your child (i.e. favorite "lovie", hugs, giving them space, etc.) _____

Child's favorite play activities (i.e. Legos, trains, books, etc.) _____

Three of your child's strengths: _____

Three goals you have for your child to focus on this year: _____

Is there anything else you would like for us to know about your child? _____
