



Wilma's Little People's School
Located on the campus of  **JACKSONVILLE UNIVERSITY**

Parent's
Name _____

Child's
Name _____

“Getting To Know Your Family”

1. What language is most often spoken in your home? _____
Are there other languages that are spoken occasionally? _____

2. Does your child have siblings and what are their ages and where do they attend school?

3. Does your family have any special cultural traditions that you would like us to know about?

4. Do you have a hobby or talent that you would like to share with us?

5. Do you or any family members have any present or past connections to JU?

6. Are you new to the Jacksonville area? _____

7. About your child – have they been seen or evaluated for speech therapy, occupational therapy, or ophthalmologic concerns?

8. How would you like to receive the weekly class note?
____text ____email ____hard copy (one or more)

Please let us know if there is anything else you would like us to know about your family or anything that you would like us to do that may be helpful to you or your child.

