**PRESCHOOL/DAY CARE STUDENT INFORMATION FORM**

**~Where children come as they are~**

**To be completed by Preschool/Day Care Personnel**

Child’s Name:

Child’s Address:

Child’s Birthdate:       Today’s Date:

School Name & Address:

Teacher’s Name:

Teacher’s Email Address:

Teacher Contact Phone Number:

Please list 3 strengths you have observed in this child:

Please list 3 concerns you have about this child:

Please share additional information that would be helpful to know about this child (health issues, family information, speech concerns, social/emotional development, self-control, separation issues)

**Preschool/Day Care personnel to return to EGRPS or email to TKenney@egrps.org by March 3, 2017.**