

**ALL ABOUT:** \_\_\_\_\_

Child's First Name or Nickname

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

ECE Program/Center: TALS Reggio Inspired ECE Program Phone: 410.266.6132

The information contained herein is for CONFIDENTIAL USE ONLY.

**THINGS MY CHILD DOES WELL**

**WHAT MY CHILD LIKES & DISLIKES**

**THINGS THAT I AM WORKING ON WITH MY CHILD**

**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES**

(over)

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH

WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?

(For the use of the ECE program when needed)

This information is intended for use by the ECE program, developed in cooperation with the parents.

Signatures:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Provider: TALS Reggio Inspired ECE Program/G. Strawbridge Date: Feb. 16<sup>th</sup>, 2009

Updates:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_

