| Note: Parents of Children in T. W. O. Programs are asked to complete the following page. |
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| What words and their phonetic spelling will help your child and his or her teachers communicate more effectively? |
| Words used for toileting? |
| Significant Adults? |
| What activities or experiences have you told your child will be especially happy ones at our Center? |
| |
| Who will be picking up your child at the end of the session? |
| (Child's Name for Adult) |
| Relationship to Child |
| If your child is in the full-day program, please tell us about his or her nap routine in detail, including any comfort objects which he or she will bring with him or her. |
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| If a comfort object is needed, should it go home each day? |
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| Special fears and how you help him/her cope with them. |
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