



**All About:** \_\_\_\_\_

Please fill out and return this form and questionnaire to the Cisco Center. This form will enable us to get to know your child better, and will be able to work with you as a team to guide your child in his/her growth and development.

**Things my child does well:**

**What my child likes and dislikes:**

**Things I am working on with my child:**

**My child enjoys these physical activities:**

**My child has difficulty with the following activities:**

**My child will need the following equipment and/or routines:**

**Things my child might need help with:**

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

**Signatures:**

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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