



Jumbos OOSH

Getting To Know You

Please take the time to fill out "Getting To Know" paper. We encourage your child to help with filling out page ONE. We look forward to reading your responses and, most importantly, "Getting to Know" your child better.

Thank you.

Jules, Monique, Candice, Rob & Courtney, JUMBOS OOSH TEAM

Child's name: _____

Siblings and ages: _____

What do you prefer to be called: _____

Favourite things: _____

Favourite colour: _____ Favourite book: _____

Favourite toy: _____ Other favourites: _____

I am good at: _____

I like to: (tick all that apply)

- | | |
|---|---|
| <input type="radio"/> Listen to stories | <input type="radio"/> Draw and colour |
| <input type="radio"/> Play alone | <input type="radio"/> Play with others |
| <input type="radio"/> Play outside | <input type="radio"/> Play quiet games |
| <input type="radio"/> Go to friends house | <input type="radio"/> Play make-believe |

What do you like to do for FUN outside of school? _____

I don't like to: _____

Especially For Parent/Carer to Complete

I would like you to know this about my child:

My child learns best by:

Any holidays your family does not celebrate? Are there any languages (other than English) spoken at home?

Sensory Needs (sensory to noise, does not like to be touched, etc)

Common Cause for Emotional Triggers/Shutdown:

Food Allergies and Their Associated Reactions: (not special diets, please write these down on next item)

Dietary Restrictions: (preferred diet, but will not cause harm, these diets will be followed, I just need to know what will/will not harm them)
