Little Lights Learning Center	
Child Strengths and Goals	
Child's Name	Date of Birth
Please take a few moments to tell me a bit about you developmental area, as well as areas for future growt know your child and in developing weekly, individualist learning needs.	h. This information will support me in getting to
Social/Emotional Development	
Young children's social-emotional development involved thers' feelings, regulate and express their emotions interact in groups.	
Strengths and Accomplishments	Learning Goals/Areas for Growth
Physical Development	
Physical development includes children's gross-moto skills. This includes tasks such as throwing a ball, rur	
Strengths and Accomplishments	Learning Goals/Areas for Growth
Language Development	
Language involves learning about the structure and s grammar, and the rules for engaging in appropriate a communicate thoughts, ideas, needs and feelings wit	nd effective conversation. It includes the ability to
Strengths and Accomplishments	Learning Goals/Areas for Growth

Cognitive Development	
Cognitive development involves the strategies childred Cognitive development includes a child's ability to attack classify objects and think inventively.	
Strengths and Accomplishments	Learning Goals/Areas for Growth
Literacy	
Literacy development includes a child's engagement form the foundation for conventional literacy. Early le recognition, demonstrating an interest in books and c	arning developmental tasks include some letter
Strengths and Accomplishments	Learning Goals/Areas for Growth
Mathematic Development	
Mathematic development involves a child's understar number recognition, and an understanding of shapes	
Strengths and Accomplishments	Learning Goals/Areas for Growth
Parent Name/Signature	Date

Getting to Know You

1.	Does your child have a nickname that you would like us to use?
2.	What previous experience(s) has your child had in childcare and other group settings?
3.	How does your child respond to new situations or challenges?
4.	In what languages do you and your child communicate at home?
5.	Who lives at home with your child?
6.	Are there additional important people in your child's life?
7.	What are some of your child's favorite things?
8.	Are there cultural or religious holidays that your family observes that you would like to share with us?

9.	What are your child's toileting behaviors?
10.	What are your child's napping behaviors?
11.	Are there any challenges you might anticipate your child having while in my care?
12.	Is there anything you can share about your child that will ease the transition into the program?
13.	Is there anything else you would like to share about your child, you or your family?
14.	What is your preferred communication method? Phone, text, email, in-person?