



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Tell Us About Your Child 2021-2022

Student Name: _____

What is your child's eating / snack schedule?
What is your child's sleeping / nap schedule?
What are your child's favorite things to do?
Is your child afraid of anything?
Please indicate where your child is in the toilet training process <i>(will not impact enrollment)</i> . <input type="checkbox"/> My Child is toilet trained <input type="checkbox"/> We are working on it <input type="checkbox"/> My child is not toilet trained Please tell us more :
Describe any special information or instructions you would like the program staff to be aware of:
Please provide any other information that will help us serve you and your family better.
When speaking to your child, do you speak: <input type="checkbox"/> Primarily English <input type="checkbox"/> Primarily Home Language <input type="checkbox"/> Both English and Home Language Equally
What language does your child use when speaking to family members in the home? <input type="checkbox"/> Primarily English <input type="checkbox"/> Primarily Home Language <input type="checkbox"/> Both English and Home Language Equally

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