

Get to Know _____ (child's name)
Information, insights, and tips for activity leaders

My child receives the following support in school:

My child could use this support for this activity:

List who will provide that support:

The best way to communicate directions to my child is....

(e.g. visual, visual plus verbal, individual, group prompt, letting child know before the activity starts, etc.)

The best way to get my child's attention is...

(e.g. verbal, eye contact, a signal or phrase to cue child as to importance, etc.)

The most effective way to redirect my child is...

(e.g. count to three as warning, etc.)

My child learns best in this way:

(e.g. hands-on, cooperative group, prompt by adult, etc.)

My child's usual attention span is _____ long.

My child has the following medical condition that might affect their participation in this activity:

Other things I'd like you to know about my child:



Get to Know Me
Information about parents

The best way to communicate with me about this activity through my child is...

(e.g. paper in backpack, email, etc.)

**I'd appreciate a phone call prior to the start of the activity. Yes No

Parent contact information

Name: _____

Address: _____

Phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Emergency contact: Name: _____ Contact information: _____