

# My Teachers Want to Know

We are glad to be open and welcoming you and your child back to our program! As we return, our teachers want to make the transition as smooth as possible. The pandemic has impacted every family in different ways. We want to make sure we are responsive to your child's needs and help you and your child feel supported. To the extent that you feel comfortable, we ask if you would please share any information that would be beneficial for your child's teacher to know. We have provided a few questions below that will help us get a better idea of how things are going and how to support your child. Please feel free to answer only those questions you feel comfortable with.

## 1. Have there been any changes to your child's environment at home that might impact their transition back to school that you want us to know about? (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Moved to new location   | <input type="checkbox"/> Change in who is regularly living in the home   |
| <input type="checkbox"/> Family member(s) now working from home  | <input type="checkbox"/> Change in caregiver (e.g., grandparent with your child during the day, sitter was with child while school was closed) |
| <input type="checkbox"/> Change in schedule or routines (e.g., working hours of family member changed so child had to be up earlier) | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Family impacted by illness/death  | _____  |

## 2. During the "stay at home" time away from school, my child... (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> missed seeing friends at school.                                     | <input type="checkbox"/> was more anxious and nervous.                        |
| <input type="checkbox"/> enjoyed having more family time.                                     | <input type="checkbox"/> was frustrated easily or had more meltdowns.         |
| <input type="checkbox"/> had a difficult time with not being able to go places we usually go. | <input type="checkbox"/> was clingy and did not want to leave family members. |
| <input type="checkbox"/> was okay with changes in our routines.                               | <input type="checkbox"/> had a change in sleeping patterns.                   |
| <input type="checkbox"/> was worried about someone who was ill.                               | <input type="checkbox"/> had a change in eating patterns.                     |
| <input type="checkbox"/> seemed sad or withdrawn.   | <input type="checkbox"/> Other: _____   |
|   | _____   |

## 3. We want to effectively support your child at school. What strategies work best when your child experiences challenges or difficulties? (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Engaging in a calming activity. Please specify: _____ | <input type="checkbox"/> Talking with them about their feelings                           |
| <input type="checkbox"/> Receiving a hug                                       | <input type="checkbox"/> Playing a favorite game or a favorite toy. Please specify: _____ |
| <input type="checkbox"/> Going for a walk                                      | <input type="checkbox"/> Using visual supports (e.g., visual schedule, visual choices)    |
| <input type="checkbox"/> Reading a book with an adult                          | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Giving them time to calm down                         | _____   |

## 4. How can we help you support your child at home? Do you need resources or support to help your child at home with any of the following? (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Morning routine   | <input type="checkbox"/> Following directions              | <input type="checkbox"/> Transitioning out of school |
| <input type="checkbox"/> Grooming routine  | <input type="checkbox"/> Playing alone                     | <input type="checkbox"/> Trips within the community  |
| <input type="checkbox"/> Meal-times        | <input type="checkbox"/> Playing with others               | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Riding in the car | <input type="checkbox"/> Handling frustration or anger     | _____  |
| <input type="checkbox"/> Naptime           | <input type="checkbox"/> When a visitor comes to the house | _____  |
| <input type="checkbox"/> Bedtime           | <input type="checkbox"/> Transitioning to school           |  |

## 5. We want to be in touch with you and make sure you can share information with us. What is the best way for us to have communication with each other? (select all that work best for you):

- |  |   |
|--|---|
| <input type="checkbox"/> Email (best email) _____        | <input type="checkbox"/> Notes from home to school/school to home |
| <input type="checkbox"/> Phone calls (best number) _____ | <input type="checkbox"/> School App                               |
| <input type="checkbox"/> Texts (best number) _____       |   |

## 6. If needed, please feel free to share any other information that would be helpful for your child's teacher to know about your child's time at home:

\_\_\_\_\_

\_\_\_\_\_