



Child Care Provider/ Teacher Questionnaire

I, _____ (parent or legal guardian), hereby give my permission for Shepherd Valley Waldorf School to obtain information on my son/daughter from previous schools attended or teachers who instructed him/her. All information provided will be kept confidential.

Parent or legal guardian's signature: _____ Today's date: _____

Child's Name: _____ Date of birth: _____ Age: _____

Current Teacher's Name: _____ Position: _____

Name of Program/School: _____ Size of Group: _____

Date child started program: _____

1) Please describe the child's disposition. Does it change during the day? week?

2) How does he/she relate to other children and teachers?

3) What is the biggest challenge you have had in working with this child? The most wonderful aspect?

4) Please describe the relationship to the parent, their involvement with your program and their responsiveness to both their child and your concerns.

5) Feel free to add any other information you think would be helpful for us to know.

Current Teacher's signature: _____

If we have further questions, may we call you? YES NO School Phone: _____ Home Phone: _____

Please feel free to add any additional information on the back of this sheet. Thank You.

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Statement of non-discriminatory Policy: Shepherd Valley Waldorf School does not discriminate on the basis of race, religion, or national origin, either in its admission policy, or in the conduct of its education programs.

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