

# Get to Know You Sheet

Name: \_\_\_\_\_

Age: \_\_\_\_\_

What does your child like to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is motivating to your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite things: (foods, characters, TV shows, games, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything your child does not like: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything you would like to add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_