



St. Cecilia Catholic School

If your child is able to write, please have them fill this out. If your child cannot, please have them dictate to you their answers. You may also add your own observations. Thank you!

Child's Name _____

Age _____ Grade _____ Birthday _____

Of siblings _____ Place in family _____

Favorite book _____

Favorite way to move/favorite sport _____

At home I am good at _____

At school I am good at _____

During the 2019-2020 school year I want to learn _____

Please use the back to finish any answers you did not fill out.

Thank you!

Susan Kilbane