

your child prior to being placed in our care.

KAPLEN JCC on the Palisades taub campus | 411 e clinton ave, tenafly, nj 07670 | P 201.408.1467 | F 201.569.7448 | jccotp.org

Please answer the following questions to the best of your knowledge so that we may have the clearest understanding of

Child's Name					
1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree					
My child plays well with their sibling(s):	1	2	3	4	5
My child plays well with others:	1	2	3	4	5
My child prefers imaginative play over active play:	1	2	3	4	5
My child enjoys creating things:	1	2	3	4	5
My child may require extra or special attention:	1	2	3	4	5
My child enjoys sports, outdoor activities, being active:	1	2	3	4	5
My child prefers to play/read/be alone:	1	2	3	4	5
My child may have difficulty communicating their emotions:	1	2	3	4	5
Please list your child's hobbies:					
Please list anything we should know about your child in order to help make	their Kids Clul	b experi	ence po	 sitive: 	