



Little Angels Learning Academy

A Division of the Education Institute, Inc.

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Family Survey

Date: _____

Child's name: _____ Age: _____

Parent/Guardian(s) name: _____

Sibling(s) Name/Age(s): _____

School district/attendance center where you currently reside: _____

What does your child do well? _____

What activities does he/she like? _____

What types of meals/snacks do they enjoy? _____

How does your child get along with others? _____

How does your child usually approach new experiences? _____

Please list any special needs, schedules, arrangements, (allergies, behavioral, medical, security item, toilet training, special schedules, etc) that Little Angels needs to be aware of: _____

Is your child currently working with a therapist/doctor, etc? Yes / No if yes, please explain: _____

Has your child experienced any difficulties with his/her previous caregivers? Yes / No if yes, please explain: _____

What can we do together for your child (goals)? _____

What type of programs /activities, etc. would you like your child to experience at LALA? _____

"A Prestigious Program of Excellence with Storybook Beginnings."

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