Tell My Teacher

Gateway Village CHILDREN'S CENTER

My full name is_____ Today's Date_____

My Nickname is_____ My birthday is_____

I'm allergic to_____

Some of my favorite things are _____

My previous school experiences have included_____

My potty training can be described as ☐ Just beginning ☐ I need to be reminded ☐ Complete

I'm afraid of_____

Here are some other important things about me that I would like you to know! _____