



Preschool Information Form

Child Information

Child's Name _____ Preferred Name _____

Father's Name _____ Mother's Name _____

Address _____ , _____
Street City State Zip

Phone _____

Developmental History

AT WHAT AGE DID YOUR CHILD FIRST:

Crawl? _____ Sit? _____ Stand? _____ Walk? _____

Talk? _____ Eat with a spoon and fork? _____

Is your child allergic to any foods that you know of? _____ If yes, which ones?

COMMUNICATION

1. Does your child have any speech problems (e.g. pronouncing words, stuttering, voice quality, etc.)?
2. What professional help, if any, have you sought?
3. What help, if any, have you given at home?
4. What help, if any, should be given in the classroom?
5. Does anyone or has anyone else in the home ever had a speech problem?

TOILET TRAINING AND PERSONAL HYGIENE

1. Describe any problems in toilet training.
2. Does your child bathe him/herself? _____
3. Does your child dress him/herself? _____

Health History

PREGNANCY AND BIRTH

1. Were there any illnesses or complications during pregnancy?
2. Was there anything unusual about the birth?

ILLNESSES

1. What serious illnesses, if any, has your child had?
2. Has your child been hospitalized? _____ If yes, when and for what reason?
3. What was your child like as an infant?

ACCIDENTS

1. Has your child ever been involved in an accident? _____
2. Has your child ever lost consciousness? _____ At what age? _____
3. How did your child react to the accident?

"Those who trust in the Lord are like Mount Zion, which cannot be moved, but abides forever." Psalm 125:1

GENERAL HEALTH

HEARING AND VISION

1. Have you ever thought your child had a hearing problem? _____
2. Does your child have: earaches? _____ ear infections? _____
tubes in ears? _____
3. Does your child appear to experience any difficulties with vision? _____

SLEEPING HABITS

1. Does your child experience:
nightmares? _____ sleepwalking? _____ bed-wetting? _____

GENERAL HEALTH

1. Does your child have any allergies? _____ If yes, what are they?
2. Is your child subject to respiratory infections? _____
3. Has your child been on or is currently on any type of medication? _____ Explain:
4. How is your child's general coordination compared to siblings or playmates?
5. Is your child right or left-handed or both? _____

Family Structure

IMMEDIATE FAMILY

1. In comparison to your other children, how does this child relate to siblings and other children?
2. Who trains and disciplines? _____
3. Type of discipline used _____
4. How does your child respond to being disciplined?

"Those who trust in the Lord are like Mount Zion, which cannot be moved, but abides forever." Psalm 125:1

EXTENDED FAMILY

1. Is there anyone other than the immediate family living in the home? _____ If yes, who?
2. Are grandparents or other relatives important in your child's life? _____
3. What activities does the family do together?
4. How are evenings spent?
5. What time does your child generally go to bed? _____
6. Do you read to your child? _____ How often? _____ Is this seen as an enjoyable experience by your child? _____

School History

1. What has been your child's attitude toward coming to school?
2. Do you feel your child will have any difficulty in school?
3. Is there evidence of learning difficulties in other family members (e.g. parents, siblings, grandparents, uncles, aunts, cousins)?

Personality Characteristics

1. Please describe your child – interests, abilities, likes and dislikes, good qualities, how he gets along with others, fears, how he reacts when frustrated, and what problems you feel he or she has (attach separate sheet if necessary).
2. Is there anything you feel the school or the teacher should know about your child that is not included in this form?

"Those who trust in the Lord are like Mount Zion, which cannot be moved, but abides forever." Psalm 125:1