

Using childcare? Yes__ No__ Name/Address: _____

Information about this experience may be helpful to us in working with your child. May we contact the preschool teacher/childcare provider? yes no

Name: _____ Telephone: _____

Child's response to this experience: positive satisfactory negative

HEALTH INFORMATION:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

1. General Health

Birth Weight: _____

Were pregnancy and delivery normal? _____

2. Has your child had any hospitalizations, serious illness or accidents? _____

If yes, explain: _____

3. Are there any current medical concerns for your child, including allergies? _____

Y/N

If yes, explain: _____

4. Is your child on any medications? _____ If yes explain: _____

Y/N

5. Eyes: Has your child had trouble seeing (i.e., squinting, rubbing eyes, head tilted, etc) _____

If yes, explain: _____ Y/N

6. Ears: Does your child have a history of frequent ear infections? _____

Y/N

Has your child had any ear/hearing examinations or treatment? _____

Y/N

If yes, please explain: _____

DAILY LIVING SKILLS

1. My child's appetite is usually: ____ Poor ____ Fair ____ Good ____ Excellent

What foods does your child like? _____

Dislike? _____

2. My child's usual routine for sleep and rest is:

Night: In bed at _____ Asleep at _____ Up at _____

Day: Nap _____ If yes, Daily? ____ Occasionally? _____
Y/N

Average duration of nap? _____

3. **Children do not need to be toilet trained to attend the preschool.**

Is your child toilet trained? _____
Y/N

What words does your family use for urination _____
bowel movement _____

DEVELOPMENTAL HISTORY

1. At what age did child walk unassisted? _____

2. Any significant medical history affecting motor development? _____

3. Child's sense of balance is:

very steady on feet 1 2 3 4 bumps into things

4. Check skills your child is generally able to do:

- _____ walks up stairs unassisted
- _____ walks down stairs unassisted
- _____ runs smoothly
- _____ jumps with both feet
- _____ kicks large ball
- _____ catches large ball

5. Age when child spoke first words _____

6. What is the primary language(s) of the home? _____

7. How well does your child pronounce words in the primary language?

- _____ Is very hard to understand
- _____ Family can understand, but others cannot
- _____ Easy to understand

8. Does your child use sentences in the primary language?

- _____ Not yet, still uses single words
- _____ Usually two word combinations, "me go", etc.
- _____ Usually 3 or 4 word sentences, "we go home", or longer

9. Does your child follow directions in the primary language?

- _____ Not consistently; does not understand; does not want to; or tunes out?
- _____ Will follow one simple direction
- _____ Follows 2 or 3 simple directions

10. Does your child enjoy books and listening to stories?

- _____ Has no interest in stories or looking at picture books
- _____ Seems interested but for a very short time
- _____ Enjoys simple stories and talking about pictures

DEVELOPMENTAL HISTORY (continued):

11. Can your child point to 10 or more body parts? _____
Y/N

12. Can your child name 10 or more body parts? _____
Y/N

13. Can your child point to the following colors?
red _____ blue _____ green _____ yellow _____

14. Can your child name the following colors?
red _____ blue _____ green _____ yellow _____

15. How does your child play with other children?
_____ Prefers to play alone
_____ Prefers one or two others
_____ Plays mainly with brothers and sisters
_____ Has a lot of friends

16. Who does your child play with at home? _____

17. Currently my child's favorite play choices include: _____

18. Circle the appropriate number:

- In new situations, my child is: outgoing 1 2 3 4 fearful
- Holding/cuddling: likes 1 2 3 4 dislikes
- Separating from parents: clings 1 2 3 4 separates easily
- Activity Level: very active 1 2 3 4 very quiet

19. Have there been any significant events or changes in your child's life you feel it would be helpful for us to know about? Please explain.

20. What are your goals for your child as he/she enters preschool?

The wonderful ethnic mix in our Preschool is reflective of what is now found within our Public Schools. With this mix come varying family customs and traditions. We appreciate your taking the time to answer these additional questions.

1. What is your family's ethnic or cultural background?

2. How do you identify yourself?

3. How comfortable are you speaking and reading English?

4. What traditions, objects or foods symbolize your family?

5. Why are these things important? What values or history do they represent?

6. What values do you want us to teach your child?

7. How can we validate and support your family's lifestyle here at our school?

8. What songs, rhymes, chants, stories or toys could we include that would represent and support your home culture?

9. Does your family celebrate birthdays? Do you have special traditions related to these celebrations?

10. Would you be willing to come and share your home culture with your child's class?

11. Is there any additional information you feel it would be helpful for staff to know as they come to know your child?

(Parent Signature)

Thank you!