

CHILD'S INFORMATION

Child's Name _____
Last Middle First

PERSONAL HISTORY

Type of birth: Normal _____ Premature _____
Any complications? _____
Is child a good climber? _____ Does child fall easily? _____
Age child began talking? _____ Does child speak in words? _____
or sentences? _____ Other language? _____ Language spoken at home _____
Special words child uses to describe needs? _____

HEALTH

What communicable diseases has child had? Measles (Big Red) _____ Measles (3 Day) _____
Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____
Any serious illness or hospitalizations? _____
Any physical disabilities? _____ Any known allergies? _____
Are there any medications given regularly? _____

TOILET HABITS

Can the child be relied upon to indicate his bathroom wishes? _____
Does your child have frequent toilet accidents? _____
How does your child react to them? _____

SLEEPING HABITS

What time does child go to bed? _____ Awaken? _____ Does child have own room? _____
What is child's mood on awakening? _____
Does your child nap? _____ How long? _____

SOCIAL RELATIONSHIPS

Does your child spend time with both parents? _____
If you are separated, how often does your child see the absent parent? _____
Has your child had experiences in playing with other children? _____
By nature is your child friendly? _____ aggressive? _____ shy? _____ or withdrawn? _____
Do you feel your child will adjust easily to a preschool/day care situation? _____
Does your child enjoy playing alone? _____
How does your child relate to strangers? _____
What makes your child mad? _____
How does your child show his/her feelings? _____
What do you find is the best way of handling your child? _____
Who does most of the disciplining? _____
How do you comfort your child? _____
Is your child frightened by any of the following: animals _____ dark _____ loud noises _____
storms _____ (Comments: In what particular way can we help your child this year?) _____

