

STUDENT INFORMATION - PRESCHOOL

NAME: _____
first m.i. last

Sex: _____ Date of birth: _____ Nickname: _____

PERSONAL HISTORY:

Does the child have any difficulties in speaking? _____

What language, other than English, is spoken in the home? _____

Was the child born prematurely and/or were there any complications at birth? _____

Were any Early Intervention services used? (If yes, please explain) _____

What special words does the child use to describe his/her needs? _____

Does the child have any learning disabilities? (If yes, please explain) _____

HEALTH:

Any physical disabilities or allergies? (asthma, hay fever, insect bites, medicines) _____

Any medications given regularly? _____

EATING:

Does the child have any food allergies? _____

TOILET HABITS:

Does the child indicate his/her bathroom needs? _____ Word for urination? _____

Bowel movement? _____ Does the child have accidents? _____

SLEEPING HABITS:

Does the child take naps? _____ AM _____ PM _____

SOCIAL RELATIONSHIPS:

What experiences has the child had in playing with other children? _____

By nature is the child friendly? _____ aggressive? _____ shy? _____ withdrawn? _____

How does the child relate to strangers? _____

Does the child play well alone? _____ What is the child's favorite toy? _____

Is the child frightened by animals? _____ rough children? _____ loud noises? _____ dark? _____ storms? _____

Any other fears? _____

Who does most of the disciplining? _____ What is the best way of handling him/her? _____

How do you comfort your child? _____