

GENERAL INFORMATION

Child's Full Name _____

Name used at home _____ Name used at school _____

Parent/Guardian Name _____ Parent/Guardian Name _____

FAMILY STRUCTURE

Names and ages of siblings _____

Other adults in the home _____

Special family situations (i.e.: divorce, adoption, deaths, recent moves, etc.) _____

PHYSICAL GROWTH

General Health _____ Speech _____

Hearing _____ Vision _____ Allergies _____

Coordination, large _____ small muscle _____

SOCIAL AND EMOTIONAL GROWTH

Has your child had any experiences involving other groups of children? _____

How does your child react toward direction or correction? _____

Can your child handle his/her own toileting? (any special words?) _____

Can your child recognize his/her own belongings? _____

What does your child like to play with at home? _____

Do you anticipate any separation problems? _____

Any fears we should know about? _____

Please feel free to add on the reverse any special problems we, as teachers, should know about or special help you would like your child to receive.