

Please list the names and ages of all other children living at home:

Please list the names and relationship of all adults living in the child's home (including parents):

Does your child have preschool experience? (Yes / No)

If yes, where did they attend preschool and for how long? _____

If yes, was it a positive experience? (Yes / No)

Does your child have any special needs? (Yes / No) If yes, please explain: _____

Does your child have allergies? (Yes / No) If yes, please list: _____

Do you have any concerns about your child's development in any of the following areas:

Speech and Language _____

Learning and Thinking _____

Small or Large Motor Skills _____

Social and Self-Help _____

Other _____

Is your child receiving therapy in any of the above areas? (Yes / No)

If yes, please explain: _____

Will your child require assistance in the bathroom? (Yes / No)

If yes, please explain: _____

What does your child enjoy playing with? _____

What are your child's fears? _____ Dislikes?

Is there anything that we can do to make preschool a positive experience for your child?

Is there any additional information you would like to share with us concerning your child or family?

Comments: _____
