

Getting to Know Me...

Child's Full Name _____

Birthday _____

What Skills has your child acquired?

_____ Address	_____ Phone number	_____ Says full name
_____ Counts to _____	_____ Names colors	_____ Names ABC's
_____ Zip a zipper	_____ Knows Birthday	_____ Knows right & left
_____ Experience with scissors		

Does your child have difficulties with speech? _____ Does your child have a current IEP? _____

Does your child receive professional therapy? _____ If so, when and for what reason? _____

Does child have any older/younger siblings (first name & age)

What experience has your child had with any other preschool or playgroup?

What are your child's areas of interest (cars, dolls, animals, Lego's, trains, music, etc.)?

Is your child afraid of anything?

What form of discipline do you use at home?

Does your child prefer _____ Playing alone _____ in small groups _____ in large groups?

What are your expectations for the preschool program?

What are some specific goals you have for your child?

Health Information:

Appetite: _____ Eating Habits _____

Bladder / Bowel Control _____

Sleep Habits: Nap _____ Hours of sleep each night: _____

