



About Your Child

Child's Name: _____

Date: _____

1. What FOODS does your child especially like? _____

2. Especially DISLIKE? _____

3. Favorite toys, games, activities? _____

4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____

Do you have any special reward for toilet use at home? (Chart, Stickers, Sweets) _____

5. How does your child express ANGER or frustration? _____

6. Does your child have any special FEARS? _____

7. When your child is upset, what helps to COMFORT him/her? _____

8. How do you DISCIPLINE your child? _____

9. Has your child been taking an afternoon NAP? _____ If so, how long? _____

10. Special toy or blanket for NAP? _____

11. Special FAMILY situations? (*such as custody specifications, problems arising from situations, etc.*) _____

12. Anticipated ADJUSTMENT problems? _____

13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

15. Any problems at previous preschools? _____

16. Does your child have any of the following?

Allergies _____ Earaches _____ Diabetes _____

Vomiting/Diarrhea _____ Skin Problems _____ Eating Problems _____

Frequent Sore Throats/Colds _____ Other Chronic Conditions _____

Physical or Mental Disabilities _____