

## TELL US ABOUT YOUR CHILD

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

WHAT NAME DO YOU WANT YOUR CHILD TO LEARN TO WRITE: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF ADOPTION (IF APPLICABLE): \_\_\_\_\_

PREMATURE BIRTH?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MOM'S NAME: \_\_\_\_\_ MOM'S PHONE: \_\_\_\_\_

DAD'S NAME: \_\_\_\_\_ DAD'S PHONE: \_\_\_\_\_

ADULTS LIVING IN THE HOME: \_\_\_\_\_

NAMES AND AGES OF CHILDREN LIVING IN THE HOME:

\_\_\_\_\_  
\_\_\_\_\_

NAMES OF PETS LIVING IN THE HOME: \_\_\_\_\_

PRIMARY CAREGIVER DURING THE DAY: \_\_\_\_\_

LANGUAGE(S) SPOKEN IN THE HOME: \_\_\_\_\_

### MEDICAL

HAS YOUR CHILD EVER BEEN HOSPITALIZED? Yes: \_\_\_\_\_ No: \_\_\_\_\_

REASON: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

ALLERGIES (FOOD, INSECT, MEDICATION, SEASONAL: \_\_\_\_\_

\_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_

HAVE YOU SUSPECTED DIFFICULTIES/DELAYS IN:

SPEECH: Yes\_\_\_\_\_ No:\_\_\_\_\_ HEARING: Yes:\_\_\_\_\_ No:\_\_\_\_\_

VISION: Yes:\_\_\_\_\_ No:\_\_\_\_\_ ATTENTION: Yes:\_\_\_\_\_ No:\_\_\_\_\_

IS YOUR CHILD RECEIVING ANY TYPE OF SERVICES/THERAPIES AT THIS TIME?

Speech:\_\_\_\_\_ Early Childhood Intervention (ECI):\_\_\_\_\_

Other Services/Therapies:\_\_\_\_\_

**SOCIAL AND EMOTIONAL**

HAS YOUR CHILD EVER BEEN APART FROM YOU?\_\_\_\_\_

HAS YOUR CHILD HAD GROUP PLAY EXPERIENCES?\_\_\_\_\_

DOES YOUR CHILD ENJOY PLAYING ALONE?\_\_\_\_\_

HAS HE/SHE ATTENDED THIS PRESCHOOL? Yes:\_\_\_\_\_ No:\_\_\_\_\_

OTHER PRESCHOOLS? Yes:\_\_\_\_\_ No:\_\_\_\_\_

ACTIVITIES OUTSIDE THE HOME:\_\_\_\_\_

FAVORITE PLAY THINGS:\_\_\_\_\_

SPECIAL ATTACHMENTS:\_\_\_\_\_

DISLIKES/FEARS/STRENGTHS/SPECIAL NEEDS:\_\_\_\_\_

IS YOUR CHILD POTTY TRAINED? Yes:\_\_\_\_\_ No:\_\_\_\_\_ (It is required that children 3 years and older be potty trained.)

**PLEASE DESCRIBE YOUR CHILD'S PERSONALITY (circle):**

Active Quiet Shy Social Independent

Determined Affectionate Talkative Curious

Other:\_\_\_\_\_

**What are your expectations of Child's Play?**

\_\_\_\_\_  
\_\_\_\_\_