



Child's Name _____ Date of Birth _____
 Place of Birth _____ Nickname _____
 Parent/Guardian _____

PERSONAL HISTORY

Parent(s) that live(s) outside of the household _____
 Any pets? _____ Name(s) _____ Type(s) _____
 Has your child had any other group experience? _____
 How much time do you spend with your child? _____
 What types of activities do you do together with your child? _____
 What types of things does your child do well? _____
 What are your child's special interests? _____
 What are your child's dislikes? _____
 Any special classes? _____
 Age he/she began: sitting _____ crawling _____ walking _____
 Is he/she a good climber? _____ Does he/she fall easily? _____
 Age he/she began talking _____ Does he/she speak in words? _____ Sentences? _____
 Does he/she have difficulty speaking? _____ Other language _____
 Special words to describe his/her need(s) _____

EATING HABITS

Is your child usually hungry at meal times? _____ Between meals? _____
 What are his/her favorite foods? _____
 What foods are refused? _____
 What eating problems does your child have, if any? _____
 Does your child use eating utensils? _____

TOILET HABITS

Can your child be relied upon to indicate his/her bathroom needs? _____
 What word is used for urination? _____ Bowel movements? _____
 Does your child need to go to the bathroom more frequently than normal for his/her age? _____
 Is he/she afraid of the bathroom? _____ Does your child need assistance in the bathroom? _____
 When was toilet training started? _____ When accomplished? _____
 Was your child easy or difficult to train? _____
 Does your child wet the bed at night? _____ If so, how often? _____

SLEEPING HABITS

What time does your child go to bed? _____ Awaken? _____
 Does he/she have his/her own room? _____ Own bed? _____
 Does he/she walk, talk or cry during his/her sleep? _____
 What does he/she usually take to bed with him/her? _____
 Does he/she take naps? _____ If so, from _____ to _____
 What is his/her mood upon awakening? _____



SOCIAL RELATIONSHIPS

Has your child had any experience playing with other children? _____

By nature, is he/she friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

How does he/she get along with siblings? _____

Other adults? _____

Does your child prefer to play with other children close to his/her age? _____

Does he/she know any of the other children at School Time? _____

Does your child like to be alone? _____ How does he/she relate to strangers? _____

Does your child demand a lot of adult attention? _____

What makes him/her mad or upset? _____

How does your child show feelings? _____

What do you find is the best way of comforting your child? _____

Who handles most of the discipline? _____

Is your child frightened of any of the following: Animals? _____ Tall people? _____

Loud noises? _____ Dark? _____ Storms? _____

What are your child's favorite toys or activities at home? _____

Does your child like to be read to? _____ Listen to music? _____

Does your child prefer to play outdoors? _____ Can your child ride a tricycle? _____

Has your child had experience with: Clay? _____ Scissors? _____ Easel? _____ Blocks? _____

Finger painting? _____ Water play? _____ Other _____

What type of physical activities does your child enjoy? _____

COMMENTS

In what ways can we help your child with activities that cause difficulty? _____

Briefly describe your child's personality and abilities: _____

My child might need help with: _____

Thank you for sharing this helpful information with us so we can better understand the individuality of your child. This information is intended for use by School Time, developed in cooperation with the parents.

Signatures: Parent/Guardian: _____
Director: _____

Date: _____
Date: _____

Updates: Parent/Guardian: _____
Director: _____

Date: _____
Date: _____