

Characteristics of Your Child

1. Child's full name: _____

2. Any nick names? _____

3. Circle your child's position in the family.

1 2 3 4 5

4. Please list the other children in your home:

age _____

age _____

age _____

age _____

5. Do you have any pets? If so what are their names?

6. Can your child recognize:

• His/her printed name? _____

• Basic colors? _____

• Three basic shapes? _____

7. Is your child right or left handed?

8. Does your child have any allergies/special conditions that we should be aware of?

9. Is there one special character or person your child enjoys acting out while playing?

10. How does your child react to participating in "Messy" projects or art?

11. Does your child have an imaginary friend?
Explain

12. Would you say that your child prefers to:

- play alone _____
- with adults _____
- with other children _____

13. Has your child had any previous group experiences?
_____Nursery school _____Sunday School

14. Types of play that your child prefers:

_____books, _____ music _____s mall toys _____blocks,
_____wheeled toys _____active play or climbing?

15. Child's Nature: Which of the following objectives most nearly describes your child?

_____Independent _____ Excitable _____Shy
_____aggressive _____ Moody _____ quiet_____
Outgoing _____ exuberant _____other

16. Does your child have any fears: _____Dogs _____Bugs
_____ Fire _____ other?

17. Does your child have any special interests?

18. Is there one special thing that you would like your child to have learned while participating in this program this year?

19. Please add anything which might further our understanding of your child on the reverse side of this sheet.

PARENT SIGNATURE:
