



Please list the names and ages of all other children living at home:

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Please list the names and relationship of all adults living in the child's home (including parents):

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Does your child have preschool experience? ( Yes / No )

If yes, where did they attend preschool and for how long? \_\_\_\_\_

If yes, was it a positive experience? ( Yes / No )

Does your child have any special needs? ( Yes / No ) If yes, please explain: \_\_\_\_\_

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Does your child have allergies? ( Yes / No ) If yes, please list: \_\_\_\_\_

Do you have any concerns about your child's development in any of the following areas:

Speech and Language \_\_\_\_\_

Learning and Thinking \_\_\_\_\_

Small or Large Motor Skills \_\_\_\_\_

Social and Self-Help \_\_\_\_\_

Other \_\_\_\_\_

Is your child receiving therapy in any of the above areas? ( Yes / No )

If yes, please explain: \_\_\_\_\_

Will your child require assistance in the bathroom? ( Yes / No )

If yes, please explain: \_\_\_\_\_

What does your child enjoy playing with? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_ Dislikes? \_\_\_\_\_

Is there anything that we can do to make preschool a positive experience for your child?

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Is there any additional information you would like to share with us concerning your child or family?

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Comments: \_\_\_\_\_

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