

About Your Child

1. Child's full name: _____
2. Birthday: _____
3. Siblings (names and ages):

4. Favorite foods:

5. Least favorite foods:

6. Favorite toys, games, activities:

7. Favorite animal(s):

8. Pet(s):

9. Does your child use the toilet? _____

What words does your child use for toilet? _____

Any issues regarding the use of the bathroom?

10. How does your child express anger or frustration?

11. Does your child have any special fears?

Please Explain _____

12. When your child is upset, what helps to comfort him/her?

13. How do you guide/discipline your child?

14. What time does your child typically go to bed at night? _____

15. What time does your child typically wake up in the morning? _____

16. Has your child been taking an afternoon nap? _____ If so, how long? _____

If not, why? _____

17. Special toy or blanket to ease transitions? _____

18. Special family situations? (*custody specifications, problems arising from situations, etc.*)

19. Anticipated adjustment problems?

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

21. Previous childcare or preschool child has attended:

22. Any problems at previous childcare or preschools? If so, what kind?

23. Dreams and expectations of preschool for your child:
