

# Getting Acquainted with Your Pre-Schooler

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

## Home

Child lives with (check all that apply)

Mother     Father     Stepparent     Foster parent

Other(s) \_\_\_\_\_

Siblings (names, ages): \_\_\_\_\_

Pets: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Home Language: \_\_\_\_\_

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## Social/Emotional

Opportunities your child has to interact with other children: \_\_\_\_\_

Describe your child (circle all that apply):

Plays with others or plays beside others

Separates quickly or needs a transition separate

Follow the leader or leads the followers

Moved to tears easily or not too sensitive

Has a few special friends or befriends everyone

Has toys taken away or takes toys from others

Complies quickly or is strong-willed

Flexible or routine dependent

Does your child have any strong fears? \_\_\_\_\_

How does your child express emotions? \_\_\_\_\_

What discipline/guidance strategies do you utilize at home? \_\_\_\_\_

Has your child presented any challenging behaviors outside of expected pre-school behaviors? Describe: \_\_\_\_\_

What tasks can your child complete independently? (Clean up toys, get dressed etc.) \_\_\_\_\_

What responsibilities/chores does your child have at home? \_\_\_\_\_

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## Eating Habits

Does your child eat well? \_\_\_\_\_

Known food allergies: \_\_\_\_\_

Specific food likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Describe mealtime routines at home: \_\_\_\_\_

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## Sleeping Habits

When does your child typically wake? \_\_\_\_\_ Go to bed? \_\_\_\_\_

When does your child typically nap? \_\_\_\_\_

Describe your child's naptime routine: \_\_\_\_\_

Describe your child's bedtime routine: \_\_\_\_\_

Does your child sleep with a special blanket or stuffed animal? \_\_\_\_\_

Where does your child sleep? \_\_\_\_\_

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## Physical/Cognitive

When has your child met developmental milestones? Early on-time delayed very delayed

What are your child's favorite activities? \_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

Is your child toilet trained? No In progress Yes, with reminders Yes, independent

Does your child have any Mongolian spots? Describe location and shape.

Does your child have an Individualized Education Plan (IEP)? Y N

If yes, provide a copy to The Learning Community and a conference will be scheduled to discuss implementation of the IEP.

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## Health

Know allergies, reaction and treatment: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

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