

**GENERAL INFORMATION**

Child's Full Name \_\_\_\_\_

Name used at home \_\_\_\_\_ Name used at school \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

FAMILY STRUCTURE

Names and ages of siblings \_\_\_\_\_

Other adults in the home \_\_\_\_\_

Special family situations (i.e.: divorce, adoption, deaths, recent moves, etc.) \_\_\_\_\_

PHYSICAL GROWTH

General Health \_\_\_\_\_ Speech \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Allergies \_\_\_\_\_

Coordination, large \_\_\_\_\_ small muscle \_\_\_\_\_

SOCIAL AND EMOTIONAL GROWTH

Has your child had any experiences involving other groups of children? \_\_\_\_\_

How does your child react toward direction or correction? \_\_\_\_\_

Can your child handle his/her own toileting? (any special words ?) \_\_\_\_\_

Can your child recognize his/her own belongings? \_\_\_\_\_

What does your child like to play with at home? \_\_\_\_\_

Do you anticipate any separation problems? \_\_\_\_\_

Any fears we should know about? \_\_\_\_\_

Please feel free to add on the reverse any special problems we, as teachers, should know about or special help you would like your child to receive.