

9. Child (disrupts, gets along with) family. Please circle appropriate answer.

10. Any allergies? If yes, please explain

11. Is your child on any medication? ____ If yes, please explain.

12. Has your child had any other experiences with Preschool, daycare, playgroups? If so describe when, where and was this a structured academic program or mostly play?

13. Describe your child's personality.

14. Parents (agree, disagree, compromise) on how to discipline child. Please circle appropriate answer.

15. Discipline has been (strict, lenient, inconsistent, all of these). Please circle appropriate answer.

16. How does your child get along with other children?

17. Does your child have a best friend? ____ Please name _____

18. Does your child have a pretend friend? ____ Please name _____

19. Favorite color _____ Favorite song _____

20. Favorite game _____ Please describe (if needed)

21. What time does your child go to sleep at night? _____ What time does your child awake? _____

22. At approximately what age did your child learn to sit up without support? _____ crawl? _____
walk? _____ run? _____ say 4 or 5 words? _____ speak in sentences? _____

23. In which category do you hear your child's vocabulary now? (advanced normal poor)

24. Does your child have any fears? Please describe

25. Describe a typical day

26. Describe a favorite place your child likes to visit

27. Is your child able to without help: use the toilet? _____ wipe? _____ put on pants? _____
put on shoes? _____ bounce a ball once with two hands? _____ skip? _____ use scissors? _____
use a spoon? _____ fork? _____ drink from a glass or cup? _____

28. What are your child's favorite foods? Which is your child's favorite meal? Breakfast Lunch Dinner

29. Does your child recognize his/her first name in print? _____ last name? _____

30. Does your child know his/her home address and phone number? _____

31. Does your child know his/her age? _____ Birthday? _____

32. Does your child know the difference between left and right? _____

33. How do you know when your child is sad? angry? tired? (crying, whining, verbalizes?)

34. Does your child like books? _____ Does your child like being read to? _____ Is your child able to read? _____

35. Would your child prefer watching television rather than being read to? _____

36. Name a favorite book

37. Name a favorite television program

38. What is the average amount of time your child watches television during the week? _____ weekends?

39. Does your child tell or repeat a short story or describe an event in detail and accurately? _____

40. What is your child's favorite indoor activity? _____ Please describe, if
necessary.

41. What is your child's favorite outdoor activity? _____ Please describe, if
necessary.

42. Does your child like to color? _____ Does your child enjoy puzzles? _____ Does your child like animals?

43. Name your child's favorite restaurant _____

44. Does your child speak a second language and what is it? _____

45. Which language is used at home the majority of the time? _____

46. List special strengths you think your child may have:

47. List any concerns you may have regarding your child's progress

48. Are there any special problems, circumstances of which the staff should be aware?

49. Has your child expressed any of the following behavior frequently or intensively? (Please check all that apply):

Shy _____

Sleep problems _____

Destructiveness _____

Timid _____

Laziness _____

Lack of confidence _____

Withdrawal _____

Unhappiness _____

Can't concentrate _____

Defiance _____

Clumsiness _____

Falling _____

Depression _____

Temper tantrums _____

Fainting _____

Unusual fears _____

Hyperactivity _____

Thumb Sucking _____

Memory loss _____

Impulsiveness _____

Biting _____

Pinching _____

Kicking _____

Hurting other children _____

Other _____

50. Is your child's self care: (independent dependent sloppy neat forgetful)