



Help Us Get Acquainted

Child's Name _____
(first) (middle) (last)

Preferred name _____

Parent's names _____

Do you now have or have you ever had any concerns about your child's speech, vision, hearing and /or health?

Has your child ever been hospitalized? _____

Does your child have any brothers and sisters? (list names, ages, and grade in school)

With whom does your child stay when parents are away?

List your child's favorite play materials.

Do you have any pets? What are their names?

Has your child attended any other Early Childhood Education program? _____

If so, where? _____

List any fears your child has.

Does your child have any special attachments? (blanket, thumb, etc.)

What is your child's usual reaction to exposure to a new situation?

Is your child completely potty trained? _____

Does your child choose his/her own clothes to wear? _____

Dress himself/herself? _____

Go to the bathroom alone? _____

What form of discipline is used in your home?

What is most effective and why?

Describe any special concerns that you have about your child.

Name the personality traits that you feel best describe your child.

What are you most interested in seeing preschool develop in your child?
