

Word of Life Lutheran Preschool

PERSONAL INFORMATION

Child's Full Name _____ School Year: 2017-2018

CHILD'S DEVELOPMENTAL HISTORY;

Age Began: Talking _____ Walking _____ Toilet Trained _____

Speech or Language concerns: Yes / No If yes, please explain _____

Developmental concerns: Yes / No If yes, please explain _____

Previous assessment or screenings? Yes / No If yes, please explain _____

Does your child receive services for developmental concerns? Yes / No If yes, please explain _____

Has your child ever attended preschool before? Yes _____ No _____

If so, where and for how long? _____

Does your child have separation anxiety? _____

Describe your child's temperament: _____

Does your child have a medical condition, allergies, taking medication that may affect behavior? Yes / N

If yes, please explain _____

CHILD'S FAMILY

Marital Status of Parents: Married _____ Single _____ Divorced _____ Other (specify) _____

Does child live with anyone other than mother and/or father? (Step parent, grandparent, etc.)

Any recent changes in the family (death of a loved one, divorce, illness, birth of a sibling, job change, recent move, health problem, etc)? _____

Does either parent travel for business? _____ How often? _____

Does your child stay with a babysitter or a daycare provider? _____

Language spoken at home if other than English? _____

Please list the name and age of any siblings: _____

CHILD'S INTERESTS:

What special interests does your child have? _____

Does your child have a favorite toy? _____

What activities do you enjoy as a family? _____

Does your child have any fears? _____

In general, how do you handle discipline at home? _____

EDUCATIONAL GOALS

What do you hope your child will gain from his/her experience at Word of Life Preschool?

Where will your child be attending kindergarten? _____

Any additional information we may need to know to best serve your child? _____

Signed _____ Date ____/____/____

(Revised 1/5/17)