

*In an effort to help your child adjust to our program and to serve you better, please take a few moments to answer the following questions. Thank you.*

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER:  Male  Female

1. Please list the names and ages of your child's sisters(S) and brothers(B):

S  B \_\_\_\_\_ Age: \_\_\_\_\_  S  B \_\_\_\_\_ Age: \_\_\_\_\_  
 S  B \_\_\_\_\_ Age: \_\_\_\_\_  S  B \_\_\_\_\_ Age: \_\_\_\_\_

2. Has your child had pre-school or play group experience?  Yes  No

If yes, please give name of school and years attended: \_\_\_\_\_

3. Does your child have any difficulties with speech?  Yes  No

4. Does your child have any special interests?

\_\_\_\_\_  
 \_\_\_\_\_

5. Is your child afraid of anything?

\_\_\_\_\_  
 \_\_\_\_\_

6. What form of discipline do you use at home?

\_\_\_\_\_  
 \_\_\_\_\_

7. What skills and knowledge has your child acquired?

- |  |   |
|--|---|
| <input type="checkbox"/> Knows address                               | <input type="checkbox"/> Recognizes lowercase letters |
| <input type="checkbox"/> Knows phone number                          | <input type="checkbox"/> Recognizes letter sounds     |
| <input type="checkbox"/> Knows birthday                              | <input type="checkbox"/> Likes to listen to stories   |
| <input type="checkbox"/> Can say full name                           | <input type="checkbox"/> Can tie shoes                |
| <input type="checkbox"/> Can print full name                         | <input type="checkbox"/> Can button own clothing      |
| <input type="checkbox"/> Counts to: _____                            | <input type="checkbox"/> Can zip own clothing         |
| <input type="checkbox"/> Knows the difference between right and left | <input type="checkbox"/> Can tell time                |
| <input type="checkbox"/> Can recognize numbers to 12                 | <input type="checkbox"/> Has experience with crayons  |
| <input type="checkbox"/> Recognizes uppercase letters                | <input type="checkbox"/> Has experience with scissors |

Please list any additional information: \_\_\_\_\_

8. If your child is reading, how did he/she learn and how long has he/she been reading?

\_\_\_\_\_  
 \_\_\_\_\_

9. What are your expectations for the Preschool/Pre-Kindergarten program? What specific things would you like to see happen this year?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_