

Child's name: _____

List your child's special needs (if any) that require services provided at school or away from school: _____

Food allergies / dietary needs: _____

Asthma / allergies / medical needs: _____

Medical source: _____
Doctor/clinic name address phone number

Dental source: _____
Doctor/clinic name address phone number

Description of child's eating, sleeping, toileting, communication, and comforting habits and routines: _____

What languages are spoken in the home? _____

Which culture(s) is considered most important to the child's identity? _____

Emotional temperament (circle words that apply):

Calm Cooperative Happy Excitable Reluctant Independent

Fears: _____

Characteristic social behavior (circle words that apply):

Shy Quiet Friendly Confident Fearful Assertive

What do you hope the preschool experience will accomplish for your child? What are your school goals for your child? _____

Are there specific issues or concerns that you would like to discuss with your child's teacher, or with the school director? Briefly describe here: _____

Do you have preferences related to family traditions, culture and customs that would apply to your child's involvement in preschool activities? _____

Parental involvement opportunities:

Do you have specific cultural traditions that you would like to share with the classroom children? _____

Do you have specific skills, training, talents, or hobbies that you would like to share with the classroom children? _____

Parent signature

Date

(Over)