

Parent Background Information

- 1) By what name do you usually call your child? _____
- 2) Does your child have any physical disabilities, including allergies, that the preschool should be made aware? _____ If so, please explain. _____
- 3) What terminology does your child use to ask to go to the bathroom? _____
- 4) Does your child have tantrums? _____ Does he/she suck his/her thumb? _____
- 5) Does your child have any unusual fears, what are they? _____
- 6) Has your child used the following at home?
crayons ___ scissors ___ pencil ___ markers ___
- 7) What would you like your child to gain from preschool? _____

- 8) Is there any area in which you anticipate difficulty for your child? (crafts, sharing, following directions) _____
- 9) What foods does your child like? _____
Dislike? _____
- 10) List any special interests your child has: _____
- 11) List names and ages of other children in your family: _____

- 12) Other comments: _____
