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:_____