

PRESCHOOL INTAKE

Identification Information

Child's Name _____ BirthDate _____ Sex _____

If the child does not use his/her legal first name, please list the name he/she/ will be using _____.

Family History

Marital Status of Parents (Voluntary Information) _____

Other Children in the Home (Name and Birth Date)

1. _____ 2. _____

3. _____ 4. _____

Physical Regime

Does your child have any unusual eating problems, food dislikes, or allergies?

What is your child's usual bed time? _____

What is your child's usual waking time? _____

What is your child's attitude toward going to bed and taking a nap?

How does he/she state need? Urination Bowel Movement

How dependable is he/she? _____ _____

Please indicate any other specific needs or concerns you would like us to be aware of concerning your child.

Developmental History

Please give a brief birth history of your child pertaining to length of term, any complications during pregnancy or labor and delivery, and any other pertinent information which will help us to understand your child's needs.

List the ages as close as you can remember when your child:

Sat alone _____ Said first word _____

Walked alone _____ Said first sentence _____

Is your child's speech understandable to others? _____

Medical History

Child has had:

Hospitalizations? Age and reason _____

Problems in muscle or bone development? _____

Serious accidents/injuries? Age and treatment _____

Childhood Diseases? _____

Ear Infections? Treatment _____

Eye Condition? Treatment _____

Convulsions? Type and Medication _____

Allergies _____

Has your child been treated for problems of the muscle or bone development? _____

Play and Social Development

How does he/she get along with children? _____

Has he/she had previous group experience? (play group, preschool, day care, Sunday school) _____

Personality and Emotional Development

Do you regard your child as affectionate? _____

To whom? _____

Does he/she accept new people easily? _____

What are your child's fears? _____

Is he/she usually happy? _____

What nervous habits does he/she have? _____

When does he/she show them? _____

When you find it necessary to discipline your child, which parent usually does this and how? _____

Please give any other information which you believe will be helpful to us in understanding your child.

