



Background Information

Student's Full Name: _____

Name your child would like to be called at school: _____

Parent's Name: _____

Do both parents live in the home with the student? Yes No

Names of **others** living in the home:

<u>Name</u>	<u>Relationship to the student</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

Are there any health concerns that your student has/had that we should be made aware of? _____

Has your child ever received any special services like speech therapy, occupational therapy or physical therapy? Please explain: _____

At what age did your student start talking? _____ Walking? _____

Does your child have any particular fears that we should be made aware of? _____

Are there any concerns that you or your student is experiencing prior to attending school? _____

What are your expectations *as a parent* for the school year? _____

Has your student had any previous preschool experience? Where? _____

What are some activities that your family enjoys together? _____

Please circle the adjectives that most closely describe your child:

Happy	Aggressive	Friendly	Moody	Clumsy	Dependent
Stubborn	Impulsive	Fearful	Quiet	Even-tempered	Shy
Sympathetic	Attentive	Other: _____			

_____ Yes! I am interested in helping out in the classroom! Email: _____

_____ Sorry, I think I am busy enough!

Do you have any special talents you'd be willing to share? _____

Any further comments? _____
