



Child Profile

Introduce us to your child!

2s and 3s
Classes

DATE: _____ Assigned Class: _____
Last Name: _____ First Name: _____ Middle: _____
Name to be used in class: _____
Siblings (names and ages): _____

SOCIAL

Child's previous school/day care experience (where, number of years): _____

What opportunities does your child have to play with others the same age: _____

What strategies of discipline are used with your child? _____

Has your child experienced any recent stresses (i.e., new sibling, leaving home, death of relative or friend, separation or divorce, move to a new home, new pet or death of pet): _____

If so, how has the child reacted to this stress? _____

What methods have you used to soothe him or her? _____

HEALTH

Eating Patterns:

- Are there any dietary concerns/dislikes? _____
- Are there any food allergies? _____

Sleeping Patterns:

- Bedtime is at: _____ Arise at: _____
- Naptime: _____ How long? _____

Eliminating Patterns

- Toilet trained yet? _____ Yes _____ No
- Does your child need reminding? _____ Yes _____ No
- (If yes, at what time intervals do you suggest? _____)
- Does your child have certain words to indicate a need to eliminate? _____

Health Patterns:

- List any allergy alerts _____
- List any regular medications, intervals _____
- List any special needs or outside support services that s/he receives (i.e. speech therapy, occupational therapy, physical therapy). Identify type of service, frequency and provider

Personality Traits: (Circle all that apply)

Shy/Reserved	Restless	Outgoing/curious
Standoffish/observer	Sensitive/frightens easily	Demonstrative
Cuddly	Active	Cautious
Warms slowly to new people, situations		

Please list any concerns you may have about your child’s development (i.e., social skills, gross motor or fine motor skills, language, cognitive) _____

Is there any other information we should know in order to help us get to know your child better?

Please indicate what you hope (your goal) your child will gain from his or her preschool experience this year: _____

Parent/Guardian completing form