

# Family and Social History



Child's name \_\_\_\_\_

## Family Information

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Marital status of parents (please select one)

Married      Separated      Divorced      Other (please explain) \_\_\_\_\_

If separated or divorced, for how long? \_\_\_\_\_

Stepparent \_\_\_\_\_ How long? \_\_\_\_\_

## Siblings

Name	Date of birth	Grade (if applicable)

## Other members of household

Name	Relationship	Age

Family pet(s) and name of pet? \_\_\_\_\_

Family interests and hobbies? \_\_\_\_\_

If both parents work outside the home, please describe any child care arrangements.

Who has cared for child other than parents? (e.g.: relatives, other adults, teenagers?)

What type of group experiences has your child had? \_\_\_\_\_

Does your child have a room alone or shared? \_\_\_\_\_  
What are your child's favorite indoor activities? \_\_\_\_\_  
What are your child's favorite outdoor activities? \_\_\_\_\_  
Does your child have neighborhood playmates? \_\_\_\_\_  
What method of behavior control is used in your home? \_\_\_\_\_  
How would you describe your child's personality? \_\_\_\_\_  
Does your child have any special fears of which you are aware? \_\_\_\_\_

Does your child have any speech problems? \_\_\_\_\_

Does your child have any other problems of which we need to be aware? \_\_\_\_\_

What qualities in your child do you enjoy? \_\_\_\_\_

What concerns do you have about your child at this time? \_\_\_\_\_

What do you want your child to gain from her preschool experiences? \_\_\_\_\_

### **Developmental History**

Approximate age at which your child:

Crept on hands and knees _____	Named simple objects _____
Sat alone _____	Repeated short sentences _____
Walked alone _____	Slept through the night _____

Does your child nap? \_\_\_\_\_ For how long? \_\_\_\_\_

About how many hours of sleep does your child in a 24-hour period? \_\_\_\_\_

Is your child completely toilet-trained? \_\_\_\_\_ If not, please describe the situation.

In dressing, what does your child do independently? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Please check this box if you require a Medication Authorization form so that your child may be given medication while at preschool.**