Family and Social History

Child’s Full Name __________________________________________

Family Information

Mother’s Preferred Name ________________________________
Father’s Preferred Name ________________________________

Marital status of parents (please select one)
Married      Separated      Divorced      Other (please explain) _____________________________

Other members of household

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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If both parents work outside the home, please describe any childcare arrangements.

___________________________________________________________

What type of group settings has your child experienced? ____________________________

___________________________________________________________

What method of behavior management is used in your home? ____________________________

___________________________________________________________

How would you describe your child’s personality? ____________________________

___________________________________________________________

Does your child have any specific fears of which you are aware? ____________________________

___________________________________________________________

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

___________________________________________________________

What do you want your child to gain from their preschool experiences?

___________________________________________________________

--- Over---
Developmental History

Has your child had any developmental delays of which you are aware? ____________________________________________

________________________________________________________________________________________

Is your child completely toilet-trained? Yes No
If no, please explain progress: ____________________________________________

________________________________________________________________________________________

Can your child dress him/herself independently? Yes No
Comments: ____________________________________________

________________________________________________________________________________________

Does your child have allergies? Yes No
If yes, please describe: ____________________________________________

________________________________________________________________________________________

Is English the primary language spoken by your child? Yes No

Does your child speak a language other than English? Yes No
If yes, what language? ____________________________________________

________________________________________________________________________________________

Does your child have any known speech delays? ____________________________________________

________________________________________________________________________________________

Is there anything else you would like us to know about your child? ______________________________

________________________________________________________________________________________

________________________________________________________________________________________