

Family and Social History

Child's Full Name _____



Family Information

Mother/Father/Guardian Preferred Name _____

Mother/Father/Guardian Preferred Name _____

Marital status of parents (please select one):

Married Separated Divorced Other (please explain) _____

Other members of household

Name	Relationship	Age

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 experience?

--- Over---

Developmental History

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

Is your child completely toilet-trained and can use the toilet independently? Yes No

If no, please explain progress: _____

Can your child dress him/herself independently? Yes No

Comments: _____

Does your child have any known allergies (seasonal, food, etc.)? Yes No

If yes, please list allergen and reaction: _____

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? _____
