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

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<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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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?    __________________________________
________________________________________________________________________________________
________________________________________________________________________________________