

Little Treasures Preschool

Child & Family Information Form

Child's Name: _____

STRENGTHS & INTERESTS:

What are your child's strengths? Interests? _____

HEALTH & DEVELOPMENT:

Briefly describe your child's health history. Do you have any health concerns? _____

Do you have any concerns with your child's development? Consider early birth or birth trauma, speech and physical development, emotional development. _____

Are you aware of a family history of any academic / learning problems? YES _____ NO _____

Please explain: _____

Are you concerned about any of the following regarding your child's development?

- Interaction with other children Interaction with adults
- Temper Separation anxiety Short attention span Hyperactivity
- Family members understanding what he/she says Other people understanding what he/she says
- Physical ability (balance, strength, coordination) Ability to complete tasks independently
- Unusual behaviors that I don't see in other children of the same age
- Exposure to traumatic events (frightening events, death, divorce, violence, drug or alcohol abuse)
- Other Please explain: : _____

FAMILY:

Child lives with: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

If "other," please explain: _____

Total number of people in child's family _____

Siblings names and ages: _____

Mother's Employer

Father's Employer

Is there anything else you would like us to know about your child or your family? _____

SIGNATURE

DATE