**STUDENT INFORMATION FORM**

(Circle or Fill in the Blank)

* Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List siblings and ages:
* List pets:
* Child shows a preference for: right hand left hand unsure
* Has child suffered any serious illnesses/accidents? If so, please explain:
* Has your child had many ear infections? \_\_\_\_\_
* Are you aware of any sensory difficulties for your child?

(hearing seeing touching others )

* Known allergies (include food, medicine, fabric, inhalant, insects, animals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What time does your child usually go to bed?
* Self-Help Skills (circle the ones that your child can do independently)

Wash/Dry hands Zip Tie shoes

Button Snap Independent dressing

* How does your child state the need? (Urination)

(Bowel)

* Is your child afraid of something specific? Yes No If yes, what?
* Does your child have nervous habits? How does he/she show them?
* What are your child’s favorite games and activities?
* Is your child accustomed to playing with: Many friends; A few friends/siblings; Alone
* Does anything about your child’s play concern you? Yes No

If yes, please explain:

* Describe your child’s personality:
* Typical behavior when angry:
* What is an effective method of discipline for your child?
* What would you like your child to gain from this preschool experience? What are your expectations?
* Please let us know any additional information which will help us better care for and understand your child:
* What school district will your child be attending?\_\_\_\_\_\_
* We occasionally are asked for names of people who provide childcare in their homes. If you are among those childcare providers, would you be interested in having us refer people to you? \_\_\_ Yes \_\_\_ No
* Name of other school / daycare child attends:

Director’s name: Phone: