

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address \_\_\_\_\_

### Parent/Guardian Information:

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have any allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Adults living with the child and their relationship to the child: \_\_\_\_\_

Name(s) and age(s) of siblings: \_\_\_\_\_

What language did your child first understand or speak? \_\_\_\_\_

What language does your child use most often when speaking? \_\_\_\_\_

Is this your child's first school experience? \_\_\_\_\_ If not, please describe previous experience(s). \_\_\_\_\_

My child's favorite activities are: \_\_\_\_\_

My child's least favorite activities are: \_\_\_\_\_

My child's areas of strength are: \_\_\_\_\_

Areas that are difficult for my child are: \_\_\_\_\_

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Times when my child gets upset: \_\_\_\_\_

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Has your child had experience playing with other children? \_\_\_\_\_

Please describe this play (i.e. activities, parallel or cooperative) \_\_\_\_\_

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When your child communicates his/her wants and needs does she/he use 1 - 2 words, 2 - 3 words, 3 - 5 words or full sentences? \_\_\_\_\_

Does your child request mainly with words or gestures? \_\_\_\_\_

Does your child direct your attention to his/her environment through comments?  
\_\_\_\_\_

Does your child cry or show other signs of distress when it is time to leave you?  
\_\_\_\_\_

Does your child currently protest verbally or with whining or crying? \_\_\_\_\_

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What are your child's current abilities in the areas of dressing, washing and drying hands, toileting, and feeding?  
\_\_\_\_\_  
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Please share any other information about your child. \_\_\_\_\_

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