

# PRESCHOOL TEACHER INFORMATION FORM

Child's Name (First, Middle, Last): \_\_\_\_\_ Nickname used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of Sept. 30 of upcoming school yr: \_\_\_\_\_ years \_\_\_\_\_ months Sex: male female

*Please complete the following questions regarding medical information (a separate medical form must be completed prior to the start of school for any child needing medication during the school day):*

List any allergies or intolerance to medicine or food:

What action do we need to take at school regarding your child's allergies?

Respiratory Ailments:

Current medication including inhalers:

Restrictions/Limitations on activities or other actions to take:

Has your child attended preschool before? \_\_\_\_\_ Y \_\_\_\_\_ N

Name of School: \_\_\_\_\_ Number of Days/Hours Attended: \_\_\_\_\_

*(if you have any progress reports from former programs, please include a copy)*

Please complete as thoroughly as possible so we can work together to best meet each child's individual needs.

1. Has your child ever been evaluated for special services through Child Find or privately? \_\_\_\_\_ Y \_\_\_\_\_ N

If yes, please attach results of evaluations.

2. Has your child worked with any therapists or specialists on developmental issues? \_\_\_\_\_ Y \_\_\_\_\_ N

3. Please share any concerns about the development of your child's speech (if applicable).

4. Is child potty trained? \_\_\_\_\_ Y \_\_\_\_\_ N

*\*Reminder - There is no potty training requirement for our 2 Day Class, but children must be completely potty trained for all other preschool classes\**

5. Words used at home for urination:

Words used at home for bowel movement:

Level of independence with toileting skills (*what help does your child require?*):

6. Does your child interact regularly with other children his/her age? \_\_\_\_\_ Y \_\_\_\_\_ N

7. Does your child engage in small motor activities regularly (ie., play dough, glue, paint, crayons)? \_\_\_\_\_ Y \_\_\_\_\_ N

Does your child use scissors properly? \_\_\_\_\_ Y \_\_\_\_\_ N

Does your child show an interest in drawing or coloring? \_\_\_\_\_ Y \_\_\_\_\_ N

Does your child show right or left hand dominance? \_\_\_\_\_ **Right** \_\_\_\_\_ **Left**

8. Does your child enjoy listening to stories? \_\_\_\_\_ Y \_\_\_\_\_ N

Does your child enjoy telling stories? \_\_\_\_\_ Y \_\_\_\_\_ N

Do you feel that your child's attention span is age appropriate? \_\_\_\_\_ Y \_\_\_\_\_ N

9. Which of the following does your child recognize? **colors** **shapes** **numbers** **letters**

10. Describe how your child separates from parents; how does your child feel about school?

11. How do you discipline your child and how does he/she usually react?

12. Please share any family issues that may affect your child at school (if applicable).

13. Describe some of your child's interests and strengths; share his/her favorite activities. What excites or draws your child's interest? What type of learning environment brings out the best in your child?

14. Share any fears or concerns of your child:

15. What are your hopes/goals for your child at preschool?