Immaculate Conception Pre-K Early Education Program

CHILD'S PERSONAL HISTORY

Child's Name: _____

Language spoken at home: _____

Home Environment:

Child resides with (circle appropriate answer/s.)

Both Parents Mother Father Guardian Foster Parents
Mother & Stepfather Father & Stepmother Other _____

Children in the Family: Name _____ Age _____
_____ Age _____
_____ Age _____

Emotional / Characteristic Behavior: (Circle word/words which describe your child.)

Calm	Excitable	Easily Angered	Whining	Crying	Fights Often	Stubborn
Cooperative	Quiet	Independent	Happy	Cheerful	Gives In Easily	
Active		Wants Own Way			Temper Tantrums	

What behavior do you consider the most difficult to deal with? _____
_____

Does your child have any special fears?_____
_____

Has your child had previous group experience? Yes No Where? _____

Does your child have playmates? If so, what age and gender: _____

What is your child's favorite play activity? _____
_____

What is your child's favorite toy? _____

Special interests? _____

Any food allergies? Yes No Please specify: _____
_____

Does your child tend to be right handed or left handed? _____

Please list any other social, emotional or health needs for your child. _____
_____