

***PLEASE LIST ANY ALLERGIES:** _____

**PRESCHOOL / PREKINDERGARTEN BACKGROUND INFORMATION
2007 - 2008**

Please fill out and return the following form on orientation day. Thank you.

Child's Name _____ Sex _____ Birthdate _____

Address _____ Telephone _____

_____ Cell Phone _____

Father _____ Occupation _____

Work Phone _____

Mother _____ Occupation _____

Work Phone _____

With whom does the child live? _____

Who cares for the child during non-school hours?

Parent _____ Sitter _____ Other (describe) _____

1. How do you think your child feels about starting school this year? (Check one)

_____ looking forward to it Comments _____

_____ doesn't want to come _____

_____ indifferent _____

_____ I don't know how he/she feels _____

2. With whom does the child most often play?

_____ alone Write names of siblings _____

_____ brothers and sisters _____

_____ other children: _____ same age _____

_____ much older (two years or more)

_____ much younger

_____ adults: Who? _____

3. What are his/her favorite activities?

When alone _____

With others _____

4. About how much time does he/she spend watching TV each day? _____

5. What is your child's favorite program(s)? _____

6. How often does someone read to this child? _____

7. Has your child ever lived with someone other than parents? _____

When? _____ With whom? _____

8. Has your child ever experienced a very frightening event? _____

What? _____

When? _____

9. Has your child ever experienced a death in the family? _____

Whose? _____

When? _____

10. Has your child ever experienced a parent being away from home for a long period of time?

11. How is your child's behavior rewarded? _____

12. How is your child's misbehavior dealt with? _____

13. Check at least one in each category which applies most often:

_____ Pays little attention

_____ Impulsive, does not usually control feelings

_____ Has to be reminded frequently

_____ Easily upset

_____ Stubborn

_____ Frequent temper tantrums

_____ Manages to get his/her way

_____ Usually even tempered

_____ Hides from people

_____ Talks little

_____ Shy

_____ Makes new friends easily

_____ Outgoing and talkative

_____ Socially aggressive, "takes charge"

Comments: _____

14. Is there any special concern regarding your child's toilet needs? Please explain _____

15. What home responsibilities does your child have? _____

16. Can your child be away from you for 2 to 3 hours without being upset? _____

17. Does your child express in words what he wants or needs? _____

18. Does your child have any pets? _____ Kind and name _____

19. What formal activities does your child participate in?

_____ Music _____ Swimming _____ Art _____ Gymnastics
_____ Skating _____ Dancing _____ Other _____

20. Do you have books, magazines and newspapers in your home that your child looks at? _____

List _____

21. How does he/she act when angry? _____

22. What else would you like to tell us about your child so we can help him/her have a good year in school? _____

23. What religion does your family practice? _____

24. What hand does your child usually use for writing or cutting? _____

Thank you for your cooperation. You are encouraged to discuss your special concerns for your child with the teacher at any time during the school year.