



## Information Sheet

The information on this questionnaire is strictly for the teacher's benefit. This information will be kept confidential and is intended to help the teacher understand the needs of your child and to help your child feel more comfortable upon entering this new environment.

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Child's Nickname or Preferred \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

### **Child's Family**

Parents: Mother     Own     Step  
 Foster     Adoptive

Father     Own     Step  
 Foster     Adoptive

Name \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

\_\_\_\_\_

Education (last grade completed of degree) \_\_\_\_\_

\_\_\_\_\_

Religious Preference \_\_\_\_\_

\_\_\_\_\_

Special Interests & Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present status of parents in child's present family:

Married                       Living apart                       Divorced

If separated or divorced are there any specific instructions regarding visitation?

\_\_\_\_\_

Siblings Name	Sex	Age	School and Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Persons residing in home:

Name

Relationship

_____	_____
_____	_____

Pets:

Kind

Name

Length of time in family

_____	_____	_____
_____	_____	_____

### **Child's Home Setting**

Apartment or house \_\_\_\_\_

Does child have his/her own room \_\_\_\_\_

If no, with whom does he/she share with \_\_\_\_\_

In how many different home setting has the child lived in since birth \_\_\_\_\_

### **Child's Group Experience**

Indicate type of group experience the child has had or is having now:

Type of experience

Dates

_____	_____
_____	_____
_____	_____
_____	_____

### **Play Interest**

Child's playmates

Sex

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the child prefer to play:

Alone

With playmates

With sibling

With adults

Does the child have imaginary playmates?

Yes

No

What are the child's favorite indoor activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the child's favorite outdoor activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List child's favorite toys, play equipment and books:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours per day does your child watch TV, DVD, and play electronic games?

List the TV programs and DVD's

List the games

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child and Routines**

Would you classify the child as a(n) ( good,  average,  poor) eater?

For which meal is the child hungriest? \_\_\_\_\_

Favorite Foods:

Food Dislikes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Sleep habits at present:

Bedtime hour \_\_\_\_\_

Hour of waking \_\_\_\_\_

Naptime hour \_\_\_\_\_

Mood of waking \_\_\_\_\_

Does your child experience nightmares?  Yes

No

Child's Name for: Urination \_\_\_\_\_

Bowel Movement \_\_\_\_\_

Age of daytime dryness \_\_\_\_\_

Age of nighttime dryness \_\_\_\_\_

Does your child need reminders at present?  Yes  No

**Behavior and Guidance**

Would you judge your child to be:

Easily managed  Fairly easily managed  Difficult to manage

When you discipline your child, what works best?

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What concerns do you have about your child's present behavior?

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Does your child have any fears or worries?  Yes  No (If yes, please list)

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Have there been any significant events that have had an effect or impact on your child (Either positive or negative, i.e. death, divorce, illness, accidents, relocation, new baby, etc.)?

Yes  No (If yes, please list)

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In what ways would you like to see your child develop this next year in our program?

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Please add any additional comments, which you feel, will help us know your child better.

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**THANK YOU VERY MUCH FOR YOUR COOPERATION IN COMPLETING THIS FORM!**

