About Your Child

Child's Name:		Date:	

Food Preferences

1. Foods your child especially likes	
2. Foods your child especially dislikes	

Activities and Comfort

3. Favorite toys, games, or activities	
6. Special fears	
7. What helps comfort your child when upset?	

Toileting

4. Is your child toilet-trained?	☐ Yes ☐ No
Words your child uses for the toilet	
Special toilet reward used at home *Examples: chart, stickers, sweets*	

Behavior and Discipline

5. How does your child express anger or frustration?	
8. How do you discipline your child?	

Sleep and Nap Routine

9. Does your child take an afternoon nap?	☐ Yes ☐ No
If yes, how long?	
Special toy or blanket for nap?	

Family and Adjustment

10. Special family situations *Examples: custody specifications, family concerns*	
11. Anticipated adjustment problems	
12. Any problems at previous preschools?	

Health Information

13. Does your child have any of the following? ☐ Earaches ☐ Diabetes ☐ Vomiting ☐ Diarrhea ☐ Frequent sore throats/colds	
Allergies	
Skin conditions	
Eating conditions	
Other chronic conditions	
Diagnosed or suspected developmental concerns *Examples: slow or advanced development*	

Additional Notes

14. Other things you would like us to know about your child	