

CHILD PROFILE

PERSONAL INFORMATION

DATE:

Name Of Child:

Date Of Birth:

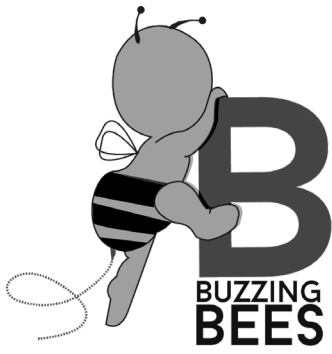
Gender

Male

Female

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What language is spoken in your home?
2. When did your child begin speaking or using words?
3. How would you describe your child (personality characteristics)?
4. What are your child's play interests (preference for creative, dramatic, or construction play)?
5. How does your child express frustration?
6. Does your child have any particular fears?
7. How does your child comfort himself/herself?
8. How do you discipline your child?
9. Does your child take naps? YES NO
10. Is your child toilet-trained? Yes No Explain:
11. Has your child had previous preschool experiences?
12. Are you available to help us with field trips or other special events?
13. Is there anything else you would like us to know about your child that would help us best meet their
14. Does your child have any IEP [speech, learning, etc.] That we should be aware of? Yes No Explain:



MEDICAL HISTORY

1. Prescribed Medication that will be administered regularly at school:

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain:

4. Can your child effectively communicate his or her needs? Yes No Explain:

5. Does your child have any medical or physical needs? Explain:

6. Is your child currently in therapy? Yes No if yes explain?

6. Does your child have any allergies? Explain:

7. Please provide special instructions concerning any other illnesses, as necessary:

8. Allergies (please check and list all that apply)

Medications Allergen: _____ Reaction: _____ Food Allergen: _____ Reaction: _____
Other: _____ Allergen: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Please provide any additional information pertaining to your child's physical/cognitive needs:

Parent/Guardian Signature: _____