

Newport Center United Methodist Preschool
Family and Social History

Today's Date _____

Name of child _____ Birthdate _____
 First Middle Last

Siblings:
Name _____ Birthdate _____ Relationship _____

Name _____ Birthdate _____ Relationship _____

Other members of the household _____

What languages are spoken at home? _____ Any language difficulties? _____

Has child had previous preschool experience? ___ When & Where? _____

Did he/she enjoy it? _____ Child's attitude about coming to preschool? _____

Does he/she have any fears? _____

Are there any areas where you might like your child to have help? _____

Is your child receiving any type of therapy?(speech, occupational) _____

Are there any recent changes/challenges your family has faced that we should be aware of? _____

Any physical or other condition that may need attention at school? Explain: _____

Does he/she have a special word for toileting? _____ Does he/she need assistance or privacy? _____

Any accommodations needed for your child to participate fully in our program? _____

Describe child's play experiences: _____

Does child prefer to play alone or with others? _____

Who cares for child other than parents? _____

How does child get along with:

Parents _____ Siblings _____

Other children and adults _____

Description of child and additional information (personality characteristics, separation from parents, reaction to change, how child expresses anger and reacts to frustration and what parents enjoy about the child)
