



# Information Form

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's "nickname" (name you would like used at school): \_\_\_\_\_

Marital Status of Parents: (circle one)      Single      Married      Separated      Divorced

If separated or divorced, who has legal custody of child? \_\_\_\_\_

Please list other family members living in your household (name and relationship to child).

~ If your Pre-K student has siblings please list the age of the sibling(s).

~ If your Pre-K child has a sibling in the District, please list the school that child attends.

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

Are there any significant health related or disability issues with your Pre-K child's siblings or any other family members living with the child?      Yes / No

If yes, please describe:

Do any of the siblings attend an Early Childhood Special Education program?      Yes / No

If yes, please describe:

Mother's Occupation: \_\_\_\_\_      Full-Time      Part-Time

Father's Occupation: \_\_\_\_\_      Full-Time      Part-Time

What is the primary language spoken in your home? \_\_\_\_\_

If not English, does your child speak English?      Yes / No;      understand English?      Yes / No

Are you willing to share information about your cultural background (history, traditions, music, stories) with your child's teacher and classmates?      Yes / No

Are you able to provide a list of common words in your home language so that we are able to best support your child in the classroom?      Yes / No

Please tell us about your child:

## Child's Behavior Patterns and Habits

Has your child experienced any difficulties with the following, or does your child currently have difficulties with any of the following? (Please circle yes or no.)

Asthma	yes	no	Eating	yes	no
Allergies	yes	no	Sleeping	yes	no
Frequent High Fevers	yes	no	Climbing / Running	yes	no
Frequent Ear Infections	yes	no	Following Directions	ye	no
Frequent Accidents	yes	no	Being Soothed	yes	no
Extreme Fears	yes	no	New situations	yes	no
Drooling	yes	no	Separating from Parent	yes	no

If you answered yes to any of the above and wish to describe, please do so here.

What do you see as your child's greatest strengths or skills?

Please describe any nervous habits or mannerisms of your child.

Does your child have any particular words or expressions that may not be understood by an outsider?  
Please describe.

Has your child had any previous play group or other social experiences? Please describe.

Do you have any concerns about your child's development (social, emotional, language, physical)?  
Please describe.

Has your child been assessed for special education and/or does your child have a current IEP?  
Please describe.

Have there been any major changes in the family, such as divorce, death, or family difficulties that may have affected the emotional well-being of your child?

What is your accustomed mode of disciplining your child?

What is your accustomed mode of reassuring and rewarding your child?

Do you have a computer or other electronic device that your child uses independently at home?  
If yes, how many hours per day does your child spend using this device?

How well do you anticipate your child will adjust to this program?

What do you expect this program to do for your child?

Do you have any skills, interests, or hobbies that you would be willing to share with the class?  
Please describe.

How and when would you like me to be in touch with you this year? What do you hope I will communicate with you about?

Is there a question you hope I will ask you about your child?

Would you like to have your home phone number and/or email address and/or home address included in a class list that would be distributed to all the families in your child's class? (please print clearly)

Include home phone number?      circle one:      yes      no      Home #: \_\_\_\_\_

Include email address?      circle one:      yes      no      email: \_\_\_\_\_

Include home address?      circle one:      yes      no      Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Thank you for helping the teaching team get to know about your child and your family.

Please use the back of this page to describe any other information you feel would be helpful for your child's teachers to know.