

# Making Friends Preschool Child History Form

Name of the child \_\_\_\_\_ Date of Birth \_\_\_\_\_

## **FAMILY**

Mother (or Guardian) \_\_\_\_\_ Father(or Guardian) \_\_\_\_\_

Siblings Names and Ages \_\_\_\_\_

Please, name other members of the household and their age \_\_\_\_\_

## **MARITAL STATUS**

Does the child live with both biological parents? Yes \_\_\_No\_\_\_

Comments \_\_\_\_\_

## **PREVIOUS CARE**

What care has child received prior to Making Friends Preschool? \_\_\_\_\_

According to you, how was this experience? \_\_\_\_\_

Name three goals or expectations about this new preschool : \_\_\_\_\_

## **CHILD'S LANGUAGE**

What languages is the child exposed to? \_\_\_\_\_ What are your expectations for language acquisition for your child? \_\_\_\_\_

## **CHILD'S TEMPERAMENT**

How would you define your child's temperament?

Difficult \_\_\_\_\_ Easy going \_\_\_\_\_ Slow \_\_\_\_\_ Intense \_\_\_\_\_

## **DISCIPLINE**

How do you set limits with your child? \_\_\_\_\_

What is your philosophy in respect to discipline with your child? \_\_\_\_\_

Tell us issues in this area of discipline that you would like to discuss with us \_\_\_\_\_

**POTTY TRAINING**

Is your child potty trained?\_\_\_\_\_What are your expectations in this area?\_\_\_\_\_

What word does he/she use for urination\_\_\_\_\_for bowel movement\_\_\_\_\_.

**CHILD DEVELOPMENT**

Please, list any development that we need to know about your child's

Physical growth\_\_\_\_\_

Emotionally \_\_\_\_\_

Cognitively\_\_\_\_\_

Socially\_\_\_\_\_

As a parent, do you have any questions about his/her developing in these areas?

\_\_\_\_\_

Was your child premature baby? Yes\_\_\_\_\_ No\_\_\_\_\_

Was the delivery vaginal?\_\_\_\_\_ Cesarean?\_\_\_\_\_

Is the child developing typically according to the pediatrician? \_\_\_\_\_

Has the child being in therapy for any particular reason? Yes\_\_\_\_\_ No\_\_\_\_\_

Please, expand if needed: \_\_\_\_\_

How about parents consulting a therapist about the child development or any other issues?

Please, name: \_\_\_\_\_

Are you encountering any difficulties in certain areas that the child might be exhibiting to be aware of? Ex: child only plays with himself, extreme anxieties or fears, physical impediments, or anything that you notice as a parent that might be something to look for and help?

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

**EATING HABITS**

Is the child eating regular meals with the family? Yes\_\_\_\_\_ No \_\_\_\_\_

Has he/she stopped nursing? Yes\_\_\_\_\_ No\_\_\_\_\_

Would you define your child as an easy eater? Yes \_\_\_\_\_No\_\_\_\_\_

Dietary restrictions\_\_\_\_\_

Any allergies\_\_\_\_\_

Likes\_\_\_\_\_

Dislikes\_\_\_\_\_

**DAILY ROUTINE**

Please, list times that your child :

Wakes up @ \_\_\_\_\_ Has breakfast @ \_\_\_\_\_ Has lunch @ \_\_\_\_\_ Has dinner @ \_\_\_\_\_ Goes to bed @ \_\_\_\_\_

Does he take naps? Yes \_\_\_ No\_\_\_

Do you expect him to take naps at Making Friends? Yes\_\_\_ No\_\_\_\_\_.

Please, tell us if you think that your child will cooperate and relax at nap time, or if you see a challenge:\_\_\_\_\_

Does your child have a room alone? \_\_\_\_\_ If not, with whom does the child share a room with? \_\_\_\_\_

How independent is he/she at the table? \_\_\_\_\_

How about cleaning up after himself? \_\_\_\_\_

How cooperative is he at home doing routine chores, like dressing up, brushing teeth, etc \_\_\_\_\_

On a scale of 1 to 5 rate your child's independence

(1: none and 5: independent)\_\_\_\_\_

### **CULTURE**

What holidays do you celebrate at home?

\_\_\_\_\_

What do you expect our group to learn from your culture and family celebrations?\_\_\_\_\_

**ANY ADDITIONAL INFORMATION** Please, add any additional information for us that it is important to know about your child:

\_\_\_\_\_