

Other Members of Household:

Name _____ Relationship _____

Name _____ Relationship _____

CHILD'S PERSONAL RECORD

What does your child say when he/she wishes to use the washroom? _____

Who has cared for your child other than the parents? _____

Does he/she need help in:

Dressing? _____ Washing hands? _____

Undressing? _____ Eating? _____

Toilet? _____

How does you child interact with:

Parents? _____

Brothers and Sisters? _____

Other children? _____

Other Adults? _____

Describe child's play experiences: (outdoors, with friends, favorite games and toys, etc.)

Has he/she had group play experiences? _____

Has he/she attended another preschool or day care? _____ Where? _____

What do you expect your child to gain from attending classes at Wilco Preschool? _____

Special Information: Please list any health, hearing, or vision issues, glasses, allergies, fears, etc.

Has your child completed any type of preschool screening or testing? _____

Does your child receive any special services, such as speech, therapy, etc. _____

If so, where? _____