

My Preschool Child
St. Charles Borromeo Early Childhood Center

Child's Name _____ Birth date _____ Age _____

Child's Nickname _____ Gender _____

Father/Guardian _____ Mother/Guardian _____

Previous educational program and location: _____

The following information will help us plan the best program for your child.

Developmental and Health Information

Walked at _____ mon/yrs. of age Birth weight _____

Talked in single words at _____ mon/yrs. of age Current weight _____

Put 2 words together at _____ mon/yrs. of age Current height _____

Is child still learning to use the toilet? yes ___ no ___ Date of child's last dental exam _____

Learned to use the toilet at _____ mon/yrs. of age Date of child's last physical exam _____

Was there difficulty during pregnancy, labor or delivery? _____ Explain _____

Was your child a premature baby? Yes _____ No _____ If yes, how many weeks early? _____

Has your child had any illness with very high fever? (104° longer than 2 days) Yes ___ No _____

If yes, please explain _____

Has your child been hospitalized since birth for any reason? Yes _____ No _____

If yes, state reason _____

Does your child have a current medical condition? _____ Explain _____

Time child regularly goes to bed at night _____ Number of hours of sleep each night _____

List any concerns you have about your child's general growth or development _____

Language Development

My child:

	Yes	Sometimes	No
Understands spoken language well	_____	_____	_____
Is able to follow directions	_____	_____	_____
Speaks clearly; is easily understood by new person	_____	_____	_____
Expresses needs adequately	_____	_____	_____
Is able to express ideas clearly	_____	_____	_____
Asks questions	_____	_____	_____
Remembers past experiences	_____	_____	_____
Looks at books	_____	_____	_____
Looks at pictures you point to in books	_____	_____	_____

Physical Skills Development

My child:	Yes	Sometimes	No
Plays with clay or playdough	_____	_____	_____
Cuts with scissors	_____	_____	_____
Puts 6-piece puzzles together regularly	_____	_____	_____
Climbs on playground equipment Rides a tricycle	_____	_____	_____
Plays with blocks Catches a ball	_____	_____	_____
Enjoys paper/pencil/crayon activities	_____	_____	_____
What is your child's favorite indoor activity? _____			
What is your child's favorite outdoor activity? _____			

Social-Emotional Development

My child:	Yes	Sometimes	No
Looks you in the eye for more than a few seconds	_____	_____	_____
Separates from parents easily	_____	_____	_____
Responds positively to change in routine	_____	_____	_____
Relates easily with most adults	_____	_____	_____
Takes turns with other children	_____	_____	_____
Plays cooperatively with other children	_____	_____	_____
Stays with an activity for at least 10 minutes (not video games)	_____	_____	_____
Handles frustration well	_____	_____	_____
Falls asleep easily at night at regular bed time	_____	_____	_____
Undresses self without help	_____	_____	_____
Dresses self without help	_____	_____	_____
Takes care of personal needs (toileting, wash & dry hands)	_____	_____	_____
Feeds self regularly, using spoon and fork	_____	_____	_____
Eats dinner regularly at the same table with the family	_____	_____	_____
How many hours per day does your child watch TV, videos, or play video games? _____			
How often does your child play with other children? _____			
What age child does your child play with most frequently? _____			
Has anyone ever had any reasons for concerns about your child's behavior? (Please explain) _____			

What do you like to do with your child? _____			
What things can your child do well? _____			
What things are difficult for your child? _____			
Does your child have any fears? If yes, please explain _____			
How does your child express anger? _____			
Is your child a foster child or is your child adopted? _____			

Form completed by:

Date:

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Please attach additional information if needed