

☐ Military _____ ☐ Deceased _____ ☐ Unavailable _____

Siblings

Name/Relationship to Student	Age	Grade	School

Others living in the home (name and relationship):

School/Childcare History

Has your child attended school/childcare before? ☐ Yes ☐ No

Name of School/Provider	# Years Attended	# Days/Week	AM/PM

Has your child ever been screened or evaluated in the following areas:

☐ Speech and Language ☐ Fine/Gross Motor ☐ Social/Emotional ☐ Academic

Where? _____ Date _____

Has your child ever received Early Intervention services in the following areas:

☐ Speech and Language ☐ Fine/Gross Motor ☐ Counseling ☐ Social/Emotional ☐ Academic

Where? _____ Date _____

Is your child currently on an IEP (Individual Educational Plan)? ☐ Yes ☐ No

Is your child currently on a 504 Plan? ☐ Yes ☐ No

Developmental Information

Does your child listen to stories read to him/her? _____

Does your child turn the pages of book and look at pictures? _____

Does your child recall and retell stories or events? _____

Does he/she follow simple, 2-step directions? _____

Can your child express his/her thoughts and needs easily? _____

What are your child's favorite activities? (toys, books, games, classes, etc.) _____

How many hours a day does your child spend watching TV/video games? _____

Favorite shows ? _____

Does he/she sit very close to the TV? _____ Does he/she turn the volume up very high? _____

Does he/she use crayons or markers to scribble or draw? _____

Hand preference: ☐ Right ☐ Left Explain (if necessary): _____

Does he/she play with blocks, Lego's, or other construction toys without help? _____

What opportunities does your child have to play with other children? _____

Does your child talk with friends or relatives who come to visit? _____

Does he/she enjoy playing alone? _____ Does he/she have an imaginary friend? _____

Will your child stay with a babysitter? _____

Is your child: highly active ____ moderately active ____ moderately quiet ____ very quiet ____

Please explain: _____

Can your child: ☐ tie ☐ zip ☐ button ☐ dress self ☐ care for own toileting needs

Please share any information about your child's sleeping patterns, eating habits, social/ behavioral style, learning style, fears, etc. _____

Do you have any concerns or comments about your child's transition to school?

FOR OFFICE USE ONLY: ☐ Birth Certificate ☐ Health Records ☐ Parent Proof of Residence