

**HERITAGE CHRISTIAN PRESCHOOL
HISTORY / BACKGROUND INFORMATION FORM**

Name _____ Name Child Prefers _____

The information obtained is for helping understand the child's needs.

Other persons living in the household:

Name	Relationship	Birth Date

Other immediate family members living at a different location:

Name	Relationship	Birth Date

Previous School/Center Experience _____

Sunday School Experience _____

Other Group Experience _____

Does your child have an IEP? ___ Yes ___ No **Area of Assessment:** _____

Date of plan _____ **School district of plan** _____

(Please provide copies of documentation)

Has your child ever been in a special school or class because of physical conditions or health reasons?

___ Yes ___ No If yes, explain _____

Are there any difficulties in speaking and/or language? _____

Are there other languages spoken in the home? _____

Do any family members have speech, hearing or visual handicaps? _____

Do you feel there are any characteristics relating to the health and personality of your child that would help the teacher? Explain _____

Please mark illnesses any immediate family members have or have had:

___ Tuberculosis ___ Diabetes ___ Rheumatic Fever ___ Epilepsy ___ Cancer ___ Mental Illness

___ Other Significant Diseases _____

Have any family members had chest x-rays? Names _____

Explain _____

NUTRITION

Does your child eat breakfast? YES _____ NO _____

Does your child eat lunch at home? _____ School _____ Elsewhere _____

How much milk does your child drink daily? _____

Check any other beverage your child drinks daily:

Tea _____ Coffee _____ Soft Drink (explain) _____ Other? _____

TOILET HABITS

Is your child toilet trained for urine? _____ for bowels? _____ Approximate Age? _____

What word is used for urination? _____ for bowel movement? _____

How frequently do accidents occur? _____

Does he/she need help with toileting? _____

Do you have any particular concerns about your child's toilet habits?

Explain _____

SOCIAL AND EMOTIONAL BEHAVIOR

Does child take naps? _____ From when _____ to _____

Does child tire easily? _____ Under what conditions? _____

Does the child have temper tantrums? _____ Frequent upset stomachs? _____

Cry easily? _____ Suck thumb or fingers? _____ Bite nails? _____ Handle body? _____

How would you describe child's characteristic behavior? (Check all that apply)

Calm _____ Excitable _____ Easily upset _____ Whining _____ Happy _____ Cheerful _____

Negative _____ Cooperative _____ Aggressive _____ Shy _____ Other _____

How many playmates does he/she play with frequently? _____

Approximate ages of playmates? _____

Does he/she enjoy playing alone? _____

How does he/she relate to strangers? _____

How does he/she relate to friendly adults? _____

What makes him/her angry or upset? _____

How does he/she show these feelings? _____

What do you find is the best way to handle him/her? _____

What kind of discipline is usually used and by whom? _____

Explain _____

Favorite toys? _____ T.V. Shows? _____ Books? _____

What frightens the child? (Check all that apply)

Animals _____ Rough Children _____ Loud Noises _____ Sirens _____ Darkness _____ Storms _____ Confined

Places _____ Other _____

Describe special interest of the child _____

Describe travel experiences _____

In what ways do you think we might be able to help your child? _____

Explain _____

Have there been any stressful incidents with the family recently which might hinder the child from making necessary adjustments? _____ Moving: _____ Illness: _____ Death: _____ Divorce: _____

Other: _____