

CHILD'S PERSONAL PROFILE

Child's Name: _____ Birthday: _____ Age: _____
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Mother's Name: _____ Father's Name: _____

Siblings Name: _____ Birth date: _____ School: _____

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Siblings Name: _____ Birth date: _____ School: _____

Any other significant individuals in the house? _____

Eating Habits

How willing is your child to try new foods? _____

How would you describe your child's appetite? _____

What is your child's best meal? Breakfast Snacks Lunch Dinner

Bedtime Habits

Awakens at _____ am. Naps? Yes No Goes to bed a _____ pm.

Does your child sleep through the night? Yes No

Social Skills (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Usually plays alone | <input type="checkbox"/> Usually plays with other children |
| <input type="checkbox"/> Plays with children that are: <input type="checkbox"/> the same age <input type="checkbox"/> older <input type="checkbox"/> younger | |
| <input type="checkbox"/> Can ask for a turn with a toy | <input type="checkbox"/> Can ask an adult for help |
| <input type="checkbox"/> Can stop an activity when asked by an adult | <input type="checkbox"/> Can follow simple one step directions |

Independence Skills

- | | |
|--|---|
| <input type="checkbox"/> Can put on coat independently | <input type="checkbox"/> Can put on shoes independently |
| <input type="checkbox"/> Is potty trained | <input type="checkbox"/> Can eat using a utensil |

What are some of your child's favorite play activities? _____

What goals do you have for your child's preschool experience? _____

Is there anything else you would like us to know about your child? _____