

Describe any health problems your child may have_____

Describe any behavior problems your child may have_____

Has your child had any previous Day-Care or Nursery placement?_____

If so, please list name of person or school_____

Has your child had experience playing with other children?_____

What makes him/her mad or upset?_____

How does he/she show feelings?_____

What time does your child go to bed?_____ Awaken?_____

Does he/she normally take a nap?_____ How long?_____

Can your child be relied upon to indicate bathroom needs?_____

If your child has any unusual terms to indicate the need to urinate or have a bowel movement, please state them_____

Does your child need to use the bathroom frequently?_____

Does he/she have bathroom accidents?_____

To what foods is he/she allergic?_____

Is your child a good eater?_____

What makes your child most happy?_____

List any fears your child may have, and how he/she will react to them_____

Approximate time of drop off_____ Pick up?_____

Please write below any additional information about your child that would be helpful to the teacher_____
