

ALL ABOUT ME

Student Name: _____ **Goes By:** _____

PLAY

What are some of the things your child likes to do? _____

Does he/she like to play with other children? ☐ Yes ☐ No What ages? _____

Does he/she like playing alone? ☐ Yes ☐ No

What are some of his/her favorite toys and play materials?

TOILETING

Does he/she tell an adult when he/she needs to go to the restroom? ☐ Yes ☐ No

How? _____

Does he/she need to be reminded? ☐ Yes ☐ No

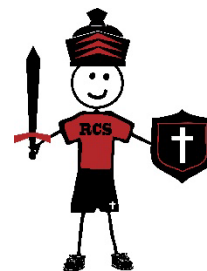
Does he/she go by himself/herself? ☐ Yes ☐ No

Any other comments that would help us in working with your child in this area?

SLEEPING

What time does he/she usually go to bed? _____ Awaken? _____

Does your child have his/her own room? ☐ Yes ☐ No Does he/she take a daytime nap? ☐ Yes ☐ No



MISCELLANEOUS

Is your child attached to a security object (blanket, pacifier...)? ☐ Yes ☐ No

Please explain: _____

Does your child need help in dressing or undressing? ☐ Yes ☐ No

Comments: _____

Can he/she be understood by those outside the family when he/she speaks? ☐ Yes ☐ No

If no, please explain: _____

Does he/she have any special fears? _____

Does he/she throw temper tantrums? ☐ Yes ☐ No (please continue onto the back)

Is there anything else that you would like us to do that would help or benefit your child?

What needs does your child have that would require special attention?

Describe your child's previous experiences with a group of children outside the home.
