



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

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

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

My child will receive specialized/individual services at the program: • Yes • No

If yes, Name of service provider(s) and frequency: _____

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