

AMERICAN COMMUNITY SCHOOL BEIRUT
EARLY YEARS
CHILD / FAMILY PERSONAL HISTORY

Name of Child

Grade

Date of Interview

Date of Birth

Age by September 1, 2019

1. Please state the age at which your child:
walked alone _____
began talking _____
2. At what time does your child go to bed? _____
3. Does your child take naps? Yes No What time? _____
4. Does your child dress/undress alone? Yes No With some help
5. What language is primarily spoken in the home? _____
6. Does your child speak in words or in sentences? _____
7. Does your child have any speech problems? Yes No If yes, explain

8. Does your child have any dietary restrictions/food allergies? Yes No If yes, explain

9. Can your child communicate his/her toileting needs? Yes No
10. Does your child need help with toileting? Yes No
- It is a requirement that all students be toilet trained prior to beginning school.**
11. Does your child have any particular fears that we should be aware of? _____
12. How would you describe your child's personality? (friendly, aggressive, shy, withdrawn, etc.)

13. With whom does your child spend the most time? _____
14. How does he/she get along with others/siblings/other adults? _____
15. What are your child's favorite toys and activities at home? _____

16. Does your child know any children in his/her grade level? Yes No If yes, Who? _____
17. Does your child have any problems that we should be aware of? _____

18. What are your expectations for your child at our school? _____

Parent's Signature: _____

E-mail Address: _____