

NAME OF CHILD

GRADE

DATE OF INTERVIEW

Date of birth: \_\_\_\_\_  
(e.g. Dec. 1, 2009)

Age: \_\_\_\_\_  
by Sept. 1, 2020

Please state the age at which your child:

walked alone: \_\_\_\_\_

began talking: \_\_\_\_\_

At what time does your child go to bed? \_\_\_\_\_ Does your child take naps?  Yes  No What time? \_\_\_\_\_

Does your child dress/undress alone?  Yes  No  With some help What language is primarily spoken at home? \_\_\_\_\_

Does your child speak in words or in sentences? \_\_\_\_\_

Does your child have any speech problems?  Yes  No  
If yes, explain \_\_\_\_\_

Does your child have dietary restrictions/food allergies?  Yes  No  
If yes, explain \_\_\_\_\_

Can your child communicate his/her toileting needs?  Yes  No Does your child need help with toileting?  Yes  No

**It is a requirement that all children be toilet trained prior to the beginning of school.**

Does your child have any particular fears that we should be aware of? \_\_\_\_\_

How would you describe your child's personality? (friendly, shy, withdrawn, etc.) \_\_\_\_\_

With whom does your child spend the most time? \_\_\_\_\_

How does he/she get along with others/siblings/other adults? \_\_\_\_\_

What are your child's favorite toys and activities at home? \_\_\_\_\_

Does your child know any children in his/her grade level?  Yes  No If yes, who? \_\_\_\_\_

Does your child have any problems that we should be aware of? \_\_\_\_\_

What are your expectations for your child at our school? \_\_\_\_\_

PARENT'S SIGNATURE

E-MAIL ADDRESS