



## Student Profile - Preschool

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Nick Name: \_\_\_\_\_

1.- **MEDICAL HISTORY** : Type of birth:  Normal  Premature

### 2.- HEALTH:

Known Allergies/Disabilities: \_\_\_\_\_

Known Medical Problem(s): \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Serious Illnesses/Hospitalizations: \_\_\_\_\_

### 3.- FOOD/ MEALS/ EATING HABITS:

Any Difficulties: \_\_\_\_\_

Likes/Dislikes: \_\_\_\_\_

### 4.- TOILETING:

Is your child potty trained?  Yes  No Does your child have accidents?  Yes  No

If yes, how does your child react? \_\_\_\_\_

How does your child feel about toileting? \_\_\_\_\_

5.- **SLEEPING HABITS.** Does your child take nap  Yes  No

If yes, when and for how long? \_\_\_\_\_

What time does your child go to bed? Wake up? Does your child have special needs for rest time (blanket, lovey, etc.)?

6.- **SOCIAL SKILLS.** Please describe your child's temperament: \_\_\_\_\_

Is your child able to play with other children? \_\_\_\_\_

7.- **DAILY ROUTINE.** What is your child's daily routine? \_\_\_\_\_

**INTEREST.** What are some of your child's favorite play activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_