

Habits

Thumb sucking Nose Picking Nail Biting Bed Wetting Other _____

What, if anything, has been done about these habits? _____

Age toilet trained _____ Does child have temper tantrums _____ What are the causes? _____

Methods of self-protection

Child does not protect self _____ Child's methods: Talking Hitting Pushing Kicking Biting

Other _____
(Please explain)

What is the primary language spoken at home: _____

Regarding your: CHILD'S SPEECH

Distinct: _____ Understandable: _____ Difficult: _____ Baby talk: _____

Do you have any concerns with your child's speech? If yes, please explain. _____

Does he/she have opportunities to play with children outside the family? _____

Favorite play materials _____

What experiences does he/she especially enjoy? _____

What does he/she dislike? _____

Other information that will help teachers have a better understanding of your child's interests and experiences:

Would you and/or your spouse be available as a resource? (Please check appropriate box.)

- Share an occupation, special interest, or hobby. Specify: _____
- Make costumes, puppets, hats, etc. Suggestions: _____
- Parental volunteer for classroom assistance if needed:

Other pertinent family information you wish to share with us. (upcoming events that may impact upon your child's life - i.e. New baby, plans to move, travel plans, family/friend illnesses or recent death, etc.):

Parent's Signature

Date