

Last Name _____

Class _____

TEACHER'S REFERENCE FORM

It is to your child's advantage to fill out **both** sides of this form as thoroughly as possible!

Child's Name _____ Male _____ Female _____

Nickname _____ Date of Birth _____

In what Public School District do you reside? _____

Schools, groups, or classes previously attended: _____

What do you hope your child will gain through preschool attendance? _____

Do you feel your child might have difficulty separating from you at first? _____

MEDICAL HISTORY

1. Has your child had any severe illnesses? _____

If yes, at what age? _____

2. Has your child ever been hospitalized? _____ If yes, at what age and for what reason? _____

3. Does your child have any chronic condition (s) or special needs of which we should be aware? _____

4. Does your child have any allergies? _____
(If your child requires an inhaler or epi-pen at school, please contact the office for the appropriate forms.)

5. Are there any restrictions on physical activity? _____

6. Is your child on any medication? _____

OVER →

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FAMILY GROUP

Parents:
Parent _____ Occupation _____ Former Occupation _____

Parent _____ Occupation _____ Former Occupation _____

Marital Status: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

Other children in the family:

Name

Gender

Age

1. _____

2. _____

3. _____

New baby expected? _____ When? _____

Other members of household? _____

Any loss, separation or illness of family members? _____ If so, describe child's reaction: _____

List any moves of child and age at the time: _____

What do you and your child enjoy doing together? _____

GENERAL

Does your child need a reminder to use the toilet? _____

Does your child have a pet? _____ If yes, what kind? _____

Does your child have any particular behavior that concerns you? _____

Child's fears: _____

Child's special interests: _____

Child's special competencies: _____

Is there a particular holiday you would like us to celebrate? _____

Child's playmates (also imaginary): _____

What do you enjoy most about your child? _____

Thank you.