

Does your child have a previous preschool experience? Y N

If yes, give details. _____

What are your child's favorite toys? _____

My child prefers to play (please check all that apply):

alone with siblings with adults
 with older children with same-age friends

Is your child more shy or outgoing? _____

My child uses:

Mostly his/her right hand Mostly his/her left hand
 Mostly varies between left/right

Are there now, or have there recently been, stresses in the home which may be affecting your child? _____

Your child's strengths: _____

Your child's weaknesses or problem areas: _____

Other information you think we should know about your child: _____

