



Student Profile - Preschool

Name: _____ D.O.B. _____

1. Developmental Stages

At this age my child: Sat: _____ Crawled: _____
Walked: _____ Talked: _____

2. Health

Known Allergies/Disabilities: _____

Known Medical Problem(s): _____

Current Medication(s): _____

Serious Illnesses/Hospitalizations: _____

3. Food/Meal Time 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 naps? 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? _____

How do you comfort your child? _____

How do you discipline at home? _____

7. Daily Routine

What is your child's daily routine? _____

8. Interests

What are some of your child's favorite play activities? _____
