

Play & Learn



Preschool Profile

Child's Name: _____

Center: _____

Program: _____

"Getting to Know You" Date: _____

Play & Learn

A cartoon illustration of a young girl with red hair in pigtails, wearing a yellow dress, standing on a stack of five colorful books. She has her arms raised in a happy gesture.

Dear Parents,

Welcome to Play & Learn! In order to better understand your child, we have designed this booklet to allow you to share information concerning your child's personal habits, skills, and health. This profile will give us a "head start" in attaining our goal of meeting your child's needs. Feel free to include any additional information and concerns.



GENERAL INFORMATION

Child's Full Name: _____

Nickname: _____

Birthdate: _____ Age: _____

Parent Names: _____

If child is not in care of parents, please list guardian name(s):

What is the marital status of parents?

_____ Married _____ Divorced _____ Separated _____ Single

Are both parents living in the house with the child? _____ Yes _____ No

Please list all siblings:

Name

Age

Please list anyone else living in the house with the child:

Name

Relationship

Who will be dropping off your child? _____

Who will be picking up your child? _____

SELF HELP SKILLS

Dressing

Please describe your child's dressing habits and need for assistance: _____

Toileting

Please describe your child's toileting habits and need for assistance: _____

What words does your child use to communicate toileting needs? _____

PLAY SKILLS

What does your child enjoy doing/playing? _____

How does your child get along with other children? _____

COMMUNICATION SKILLS

How does your child express his or her needs? _____

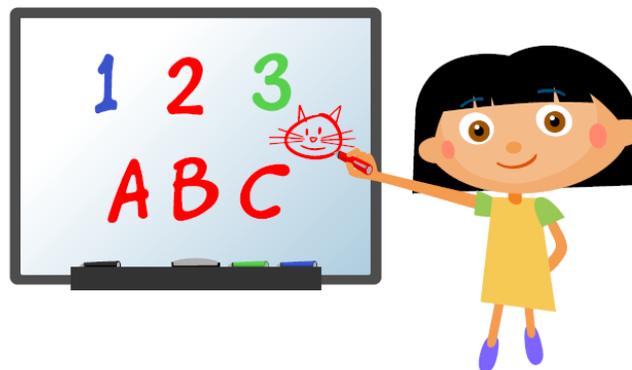
Can you understand your child's speech? _____ Yes _____ No

Can others understand your child's speech? _____ Yes _____ No

Comments: _____

Please list any unusual words that your child uses to communicate: _____

Please describe how your child listens and follows directions: _____



PERSONAL CHARACTERISTICS

Circle the characteristics that seem to describe your child:

Tense	Sad	Happy	Sensitive	Creative
Relaxed	Outgoing	Energetic	Caring	Quiet
Frustrated	Demanding	Stubborn	Cooperative	

Is your child:

_____ Right-Handed _____ Left-Handed _____ Undetermined

How does your child generally react to new experiences? _____

Does your child have any unusual fears? _____

How does your child react to a frustrating situation? _____



MEDICAL INFORMATION

Please provide information if your child has a history of any of the following conditions:

	Date	Circumstances
Allergy	_____	_____
Asthma	_____	_____
Concussion	_____	_____
Convulsions	_____	_____
High Fevers	_____	_____
Seizures	_____	_____
Serious Falls	_____	_____
Serious Injury	_____	_____
Chronic Illness	_____	_____
Hospitalization	_____	_____
Other	_____	_____

Describe any history of visual problems: _____

Does your child wear glasses? _____ Yes _____ No

If yes, please explain: _____

Describe any history of hearing problems: _____



Medication

Please list your child's current medication(s): _____

Please list the condition(s) that the medication(s) treat: _____

Please list any other current medical issues: _____

How would you describe your child's general health? _____

Please describe any physical handicaps or limitations: _____

Please describe any special dietary needs and/or food allergies: _____



