



Play & Learn

Preschool Profile



Child's Name: _____

Center: _____

Program: _____

"Getting to Know You" Date: _____



Play & Learn

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: _____

What language does your child and family speak? _____



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:



Are there any special concerns that we need to know?

Are any early intervention services provided for your child? If yes, please describe:
(Please provide your center director with IFSP or IEP documentation if applicable.)

Please describe any helpful hints that will enable us to best work with your child:

