



# Play & Learn

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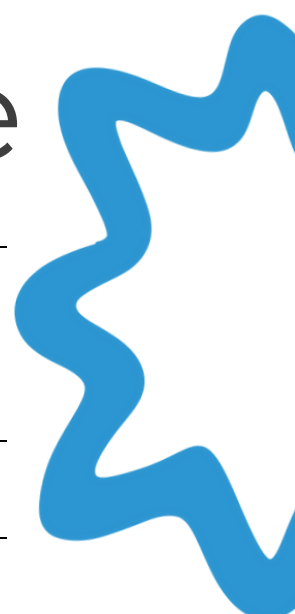
## Preschool Profile

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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name	Relationship
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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## Toileting

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

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What words does your child use to communicate toileting needs?

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# PLAY SKILLS

What does your child enjoy doing/playing?

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How does your child get along with other children?

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# COMMUNICATION SKILLS

How does your child express his or her needs? \_\_\_\_\_

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Can you understand your child's speech? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can others understand your child's speech? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

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

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Please describe how your child listens and follows directions: \_\_\_\_\_

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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?

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Does your child have any unusual fears?

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How does your child react to a frustrating situation?

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# 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:

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Does your child wear glasses? Yes                      No

If yes, please explain:

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Describe any history of hearing problems:

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**Medication**

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

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

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Please list any other current medical issues:

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How would you describe your child's general health?

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Please describe any physical handicaps or limitations:

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

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Are there any special concerns that we need to know?

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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.)

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

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