

Sonshine Preschool
Family and Social History

Child's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Employer: _____ Father's Employer: _____

Would you be willing to visit Sonshine and share your occupation or hobby with the children? Yes No Maybe

<u>Other Children</u>	<u>In Home?</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other members of the household - name and relationship:

Is there any information you wish to share regarding your child's home life (*home language, goals for your child, concerns, etc*) _____

Was your child born prematurely or early? _____ [yes] _____ [No] Traumatic birth? _____

Does your child prefer to play alone, or with others? _____

Has your child been in day care or attended preschool previously? _____ How did he/she respond? _____

How does your child get along with: Parents _____ Siblings _____ Other adults _____ Other children _____

Does your child have any special interests? _____

Is there any area you feel your child may need help? _____

Does your child need any special accommodations? _____

Is your child able to express his/herself verbally: ___ **very clearly** ___ **ok** ___ **not very clearly** ___ **other**

Is your child emotionally dependent on parent (which parent): ___ **not at all** ___ **some what** ___ **very much**

Do you expect you or your child to have separation difficulties? [] **not at all** [] **my child may** [] **I may** 😊

Does your child have any behavioral or other issues of which we should be aware?

Any unusual circumstances, special needs, or concerns that we should know about? _____

Behavior methods used at home _____

Parent's evaluation of child: _____

Date ____/____/____ **Parent's Signature** _____