

## *Tell Us About Your Child*

We are requesting the following information so that our professional staff may gain some insight to better understand your child. In order to promote his/her welfare, we are asking that you supply complete and candid answers. This form is strictly confidential.

<b>Child's Name:</b>	<b>Prefers To Be Called:</b>
<b>What is your child's attitude in contact with adults?</b> <input type="checkbox"/> Shy <input type="checkbox"/> Outgoing <input type="checkbox"/> Needs Support <b>Explain:</b>	
<b>What is your child's attitude in contact with other children?</b> <b>CHILDREN:</b> <input type="checkbox"/> Shy <input type="checkbox"/> Outgoing <input type="checkbox"/> Needs Support <b>Explain:</b>	
<b>What is your child's relationship with brothers, sisters and other family members?</b>	
<b>What are your child's strong points?</b>	
<b>What are your child's difficulties?</b>	
<b>Are there any significant factors in your child's development in the following areas? If yes, please elaborate.</b> <input type="checkbox"/> Eating _____ <input type="checkbox"/> Sleeping _____ <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Bedtime _____ <input type="checkbox"/> Afternoon Nap _____ <input type="checkbox"/> Toileting _____ <input type="checkbox"/> Physical _____ <input type="checkbox"/> Hearing/Visual _____ <input type="checkbox"/> Speech _____	
<b>Has your child received early intervention? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please elaborate.</b>	
<b>Please explain any situations that have occurred which may account for special relations or withdrawals?</b>	
<b>Are there any children registered at Sandbox Pre-K with whom your child has had previous contact?</b>	
<b>Please use this area to elaborate upon any item above. Also, feel free to describe any special needs or insights concerning your child that would be informative and helpful to your child's supervisory teachers.</b>	