



Do we have your permission to contact his/her former preschool/daycare if necessary?

### **ATTENTION SKILLS**

Can your child sit still and listen to a story from beginning to end?

Is your child able to focus when coloring and completing art projects?

Is your child able to make eye contact when engaging in conversations?

How many hours of screen time does your child spend each day? (TV, video games, ipads, phones, computers, etc)

### **SOCIAL AND EMOTIONAL SKILLS**

Is your child able to identify human feelings using facial and body cues?

Does your child have frequent tantrums? (Daily?) If yes, what is a typical trigger of these tantrums?

What fears does your child have?

Give an example of a time when your child showed compassion and understanding to his peers and the adults around him?

What chores/responsibilities does your child share in your family? Are these jobs done on a regular basis?

### **HEALTH/WELLNESS**

Has your child been diagnosed with a medical condition or developmental disorder that will need our sensitivity and attention? Explain.

Does your child receive now or has your child received in the past any of the following interventions: Circle those that apply and explain.

- speech therapy
- physical therapy
- occupational therapy
- vision therapy

**Please provide the evaluation documentation or the appropriate IEP (Individualized Education Plan) if applicable.**

Were there any significant issues in your child's birth history?

Is your child toilet trained and self-sufficient in the bathroom?

Does your child have allergies? If yes, please explain.

What time does your preschooler go to bed each night?

How often does your child take a nap? If your child does not take a nap, does he have quiet time each day?

### **GENEAL INFORMATION**

Describe your child's strengths:

Describe your child's weaknesses:

What activities/topics does your child enjoy?

Does your child attend Sunday Mass with you?

What is your hope and expectation for your preschooler during this school year?

List any other pertinent information you may want to share:

Please note: The information provided here will assist us in knowing and meeting your child's needs. Please sign to indicate that all important and necessary information has been disclosed. Your signature also indicates that this information is accurate to the best of your knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for you for choosing Saint Joseph School!**



Form Updated December 2020