

Setauket Parents Playschool

160 Main St., East Setauket, NY 11733

CHILD'S WORLD INFORMATION SHEET

Child's Name _____ Nickname _____

Color of eyes _____ Favorite toy _____ Favorite TV show _____

Color of hair _____ Favorite song _____ Favorite color _____

Favorite food(s) _____ Hate to eat _____

Names of some friend's _____

List all people who live with child _____

Pets (Type, color, description) _____

Is child eldest, middle, youngest _____ is child right or left handed _____

Has child had other group experiences (camp, dance, etc.) _____

Special abilities or identifying characteristics _____

Other language spoken at home (other than English) _____

Mother's Name _____ Occupation: _____

Father's Name _____ Occupation: _____

Any special job or hobby someone in family engages in _____

Is child ever in car of anyone other than parents? _____

Are there any physical problems, fears, language delays or other reasons that may prevent your child from following our pre-school program? Describe: _____

What makes your child tense or anxious? _____

How are they comforted _____

How does your child react (thumb sucking, withdraws, cries, aggression) _____

Does your child need help with toileting? Describe _____

Any special expression used to indicate needs to go to bathroom? _____

Does your child need help dressing? Describe _____

Does your child speak plainly so understood by people outside household? _____

Does child have any pet words for people or objects that we should know to help us converse _____

Any goals you have for this preschool experience for your child _____

Any experience that would make school more meaningful _____

Anything pertinent about your child we should be aware of _____