



Getting to Know Your Child

Developmental History

Student's Full Name: _____

Does your child have any special needs? _____

Has your child had any serious illnesses and/or hospitalization? _____

Social Relationships

How would you describe your child? _____

What are your child's favorite toys or activities? _____

What does your child fear? _____

How is your child comforted? _____

How does your child express anger and frustration? _____

What would you like your child to gain from his or her preschool experience? _____

Is there anything else you would like us to know about your child? _____

SIGNATURE: Parent or Guardian _____

Date: _____