

**ALL ABOUT ME**

**Child’s Name**: **Date of Birth**:

**Previous Pre-School Experience**:

**Is your child currently receiving** :

 **Speech** \_\_\_\_ **OT** \_\_\_\_\_ **PT**\_\_\_\_\_\_\_

 **Other Therapies (please describe)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your child**:

 Active Indepent Curious Talkative Shy Observant Quiet

**Describe your child**:

**Is your child Right or Left-handed**? \_\_\_\_\_

**What languages are spoken at home**?

**Does your child nap at home**?

**Does your child have any fears**?

**What is the best way to comfort your child**?

**What allergies or health concerns does your child have**? \_\_\_\_\_

**What would you like your child to gain from their preschool experience this year?**