

ALL ABOUT ME BOOK!!!!

CHILD'S NAME: _____

BIRTHDATE: _____

NICKNAME: _____

ADDRESS: _____

PARENT/GUARDIAN'S NAME #1: _____

PARENT/GUARDIAN'S NAME #2: _____

MEMBERS IN HOUSEHOLD: _____

SCHOOL DISTRICT: _____

EATING:

Is your child hungry at mealtimes? _____

Is your child hungry in between mealtimes? _____

Child's favorite foods: _____

Childs least favorite foods: _____

Any eating issues or concerns? _____

NAPPING:

Does your child nap? _____

If yes, how long and when? _____

What is your child's mood on waking? _____

Does your child wear a diaper at naptime? _____

Does your child like to nap with any special item? _____

COMMUNICATION SKILLS:

Can your child be understood by you? _____

By unfamiliar people? _____

How does your child express their needs? _____

HEALTH:

Is your child's health robust? _____

Does your child have any physical handicaps? _____

If yes, please explain: _____

How will this affect participating in daily activities? _____

Is your child on any regular medication? _____

If yes, please list: _____

Any additional comments: _____

TOILETING:

Does your child wear diapers? _____

Training pants? _____

Fully potty trained? _____

Can your child inform when he/she needs to use the bathroom? _____

Does your child need assistance? _____

What word is used for urination? _____

What word does your child use for bowel movement? _____

SOCIAL SKILLS:

Has your child had many interactions with other child? _____

What makes your child upset? _____

How do you discipline your child? _____

List your child's favorite toys and activities to do at home? _____

Does anything frighten your child? _____

How does your child react to new experiences? _____

Any special family situations? _____

Any disorders/developmental concerns diagnosed or suspected? _____

Previous preschool or childcare attended? _____

Any problems at previous school? _____

Expectations of the Brenner family early Learning Center JCC? _____

After 45 days enrolled in the program would you like a meeting with your child's teacher?

Please sign and date below. If you would like to discuss any questions or concerns, please fill free to schedule an appointment with the director or the teacher.

Name: _____

Sign: _____

Date: _____
