

**David's Christian Learning Center
Getting to Know Your Preschooler**

Child's Name: _____ Nick name: _____

Child's Birth date: _____ Sex: M F Start Date: _____

Social/Emotional

Has your child had previous group experience? Yes No
If yes, please describe

How does your child get along with other children?

Circle the social approaches that describe your child: Shy Friendly
Cautious Outgoing

Circle the emotional characteristics that describe your child:
Calm Excitable Easily-angered Easy-going Fearful
Outgoing Independent Gives in easily Wants own way Cooperative

What activities does your preschooler enjoy doing most (circle all that apply)?
Reading Drawing/Coloring Building/Organizing Painting/Crafts
Imaginative Play Physical Play Performing (sing/dance) Other

What behaviors do you consider most difficult to deal with?

What type of discipline(s) do you use at home?

Sleeping

Does your preschooler take naps? Yes No If yes, length? _____

Any additional information you would like to share regarding our child's sleeping habits?

Toileting

Does your child use the toilet independently?	Yes	No	Sometimes
Does your child need reminding to use the bathroom?	Yes	No	
Does your child wear pull-ups during naps?	Yes	No	
If not does your child frequently have accidents while napping?	Yes	No	

Eating Habits

How do you characterize your child's eating habits?

Good Eater Picky Eater Light Eater

Does your child have any food allergies/sensitivities?

Yes No

If yes,

describe: _____

Favorite Foods: _____

Least favorite foods: _____

Any additional information you would like to share regarding your child's eating habit?
