



PERSONAL RECORD



Child's name _____ Child lives with (names and relationships) _____

Nickname _____

Birthdate / / _____

Birthplace _____

Main language spoken in home _____

Who is employed outside of the home? father mother neither

Other people your child sees regularly (names and relationship to child) _____

CHILD'S DEVELOPMENT:

Has your child previously attended another school or been cared for by someone other than his or her parents? yes no

Does your child have a history of visual impairment or eye infection? yes no

Does your child have a history of hearing impairment or ear infection? yes no

Does your child have a history of speech problems? yes no

Is your child toilet trained? yes no

What does your child say when wishing to use the toilet? _____

Please describe any issues that concern you. _____

Has your child ever been tested for learning disability or developmental delay? yes no

PLEASE DESCRIBE YOUR CHILD'S PLAY EXPERIENCE

Security items and favorite toys _____

Favorite games _____

Favorite outdoor activities _____

Play experience with other children _____