

Preschool Parent Interview

Date _____

Child's Name _____ Name child goes by _____

Child's Date of Birth _____ Home Phone _____

Parent/Guardian Name _____

Parent/Guardian Name _____

All information given is kept confidential and is used to make your child comfortable and to accommodate your child in every way possible.

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, adoption, prolonged hospitalization, etc? If yes, please describe:

Child's age when child first walked _____

Child's age when completely toilet trained during day hours _____

Overnights _____

What time does your child go to bed each night? _____

What time does your child get up in the morning? _____

Does he/she wake up easily? _____

Does your child nap on the weekends? _____ If yes, how long _____

Does your child have any allergies or sun sensitivities? If yes, describe fully:

Does your child currently or has your child ever in the past had any special issues with speech, vision, hearing, eating and/or health? Describe fully:

Has your child ever been hospitalized? Yes _____ No _____ If yes, give dates and reasons:

Name all of the people living in your household and describe how they are related to your child:

List pets and their names:

List any fears your child has: _____

Does your child have any special attachments such as a blanket, thumb, etc.?

OVER

How does your child relate to other children?

To adults: _____

List the types (if any) of child care settings your child has been in:

What is your child's reaction to new situations?

Describe your child's favorite learning and play activities at home:

Yes No

___ ___ Does your child choose his/her own clothes to wear?

___ ___ Does your child dress him/her self?

___ ___ Does your child go to the bathroom alone?

___ ___ Does your child have his/her own bedroom?

___ ___ Does your child have to clean his/her own room?

___ ___ Does your child go to bed easily?

___ ___ Does your child have any eating problems or issues? If yes, please describe:

___ ___ Does your child have any specific jobs or responsibilities at home?

___ ___ Do you sometimes have a hard time disciplining your child? Describe procedures used at home:

What do you find most effective and why?

What is the greatest discipline issue with your child?

Is there any other information that would help us care for your child while in our care?
