

9. Please underline any definite responsibilities the child has: Putting away toys, dressing, undressing, hanging up clothes, feeding pet, caring for personal needs (toilet, teeth, etc.), setting the table, household chores-please specify what chores? _____
10. Has your child had any serious illness or surgery? (Please explain):

11. Are there any physical condition which might hamper his school adjustment?

12. Does your child have frequent colds?

13. Does your child have any allergies? Please explain what kind of allergies and if the allergic condition will affect the types of food your child can eat. In order for us to facilitate a specific diet, we will need an official note from your child's pediatrician.

14. Does your child play with other children in the neighborhood? List ages and sex:)

15. In what playthings is your child most interested? _____
16. What TV programs does your child watch? (include adult programs he watches with the family):

17. Is your child interested in books and stories? _____ What kinds? _____
18. Does your child sleep in the afternoon? _____ For how long? _____
19. Does your child eat well? _____
20. Would you characterize your child as (circle those that apply most of the time):
shy, happy, noisy, inquisitive, passive, timid, has wide interests, quiet, cooperative, busy, fearful, cheerful, confident, active, at loose ends, aggressive, limited interests, unhappy, uncooperative, assertive, affectionate, reserved, introvert, extrovert
- Other: _____
21. In what ways do you hope your child will progress in preschool?

22. Are there specific things that you hope your child will learn in preschool? What are they?

Parent's Signature: _____ Teacher's Initials: _____