

HOW DID HE OR SHE ADJUST? _____

WHAT IS YOUR CHILD'S USUAL BEDTIME? _____ WAKING TIME? _____

DOES YOUR CHILD TAKE A MORNING OR AFTERNOON NAP REGULARLY? _____

HOW LONG? _____

IS YOUR CHILD USUALLY HUNGRY AT MEALTIMES? _____

IS THERE ANYTHING UNUSUAL ABOUT YOUR CHILD'S EATING HABITS THAT YOU BELIEVE WE SHOULD KNOW?

IS YOUR CHILD TOILET TRAINED? _____ IS HE/SHE DEPENDABLE? _____

HOW DO THEY STATE THEIR NEED? _____

IS SPEECH CLEAR TO THOSE OUTSIDE THE FAMILY? _____

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? _____

DOES YOUR CHILD PLAY ALONE? ALWAYS _____ OFTEN _____ SELDOM _____

DOES YOUR CHILD LIKE TO PLAY WITH OTHERS? _____

ARE THE PLAYMATES: GIRLS _____ BOYS _____ YOUNGER _____ OLDER _____

DOES YOUR CHILD HAVE AN IMAGINARY PLAYMATE? _____

WHAT PLAY MATERIALS DOES HE/SHE USE MOST INDOORS? _____

IS YOUR CHILD CURRENTLY ATTENDING ANOTHER PRESCHOOL? _____

IF SO, WHERE AND WHAT DAYS? _____

WHEN YOU FIND IT NECESSARY TO DISCIPLINE YOUR CHILD, WHAT DO YOU USUALLY DO?

TRANSPORTATION TO AND FROM THE CENTER:

TO: (WITH WHOM) _____

FROM: (WITH WHOM) _____

(SIGNATURE OF PARENT)

(DATE)