

**Bucks County Community College Early Learning Center Personal and Family History**

Child's Name \_\_\_\_\_

Nickname, if any \_\_\_\_\_

Birthdate \_\_\_\_\_

**Please Tell Us About Your Child's Health**

Does your child have any medical conditions, such as allergies or asthma, requiring special consideration while he/she is at school? List all allergies and any environmental health needs.

Within the past year, has your child had surgery or an injury/illness that required hospitalization?

Does your child have an IFSP (Individualized Family Service Plan) or IEP (Individualized Education Program)? If so, please discuss your child's goals and provide a copy of the plan to the ELC.

Does your child usually nap or rest during the day? If so, what time is this typically, and how long does the child sleep or rest? Do you have any special routines to ease your child into sleep (special blanket, stuffed animal, etc.)?

**Please Tell Us about Your Family**

List the family member(s) or others who are legally responsible for the care of your child.

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Please use the space below to include any information that you'd like to share to give us the most complete picture of your child in relationship to his/her family. (Do both parents and siblings live in the home with the child? Do step-siblings or grown siblings live away from home? Is the child being raised by same sex partners? Do other family members live in the home with the child?)

Have there been any major changes in the home environment in the past year (new baby, move, divorce, parent illness)?

**Please Tell Us about Your Child**

Does he/she:	Rarely	Sometimes	Often
Tire easily	_____	_____	_____
Dress him/herself	_____	_____	_____
Use the toilet independently (including wiping and flushing)	_____	_____	_____
Ask an adult for assistance when needed	_____	_____	_____
Ask many questions	_____	_____	_____
Enjoy art/play dough	_____	_____	_____
Ask to be read stories	_____	_____	_____
Engage in imaginative play	_____	_____	_____
Build with blocks/Legos	_____	_____	_____
Do puzzles	_____	_____	_____

Has your child had previous school or play group experience?

Is there any adult who takes care of your child regularly other than you?

What play activities does he/she especially enjoy?

Does he/she have any toys or possessions that he/she particularly cherishes?

Does your child have special interests (sports, animals, dinosaurs)?

Does your child have special TV shows or movies that he/she enjoys?

How does he/she relate to other children?

What do you enjoy most about your child?

Does your child easily separate from you? If not, is there anything in particular which eases the separation process?

Has your child expressed any specific fears?

What helps to reassure your child if or when he/she becomes upset?

What methods of discipline do you find to be most effective with your child?

Ask you for help in solving a problem or using a new material? Does he/she ask right away or after trying for a while to figure it out?

Stay involved with a play activity for a long period of time?

What aspect(s) of your child's behavior challenge you most?

What would you like your child to gain from this school experience? What are your goals for preschool?

**Please Tell Us about Your Family Culture**

Does your family speak a language other than English at home? If so, which language? Please provide some key words in that language, such as bathroom, drink, and eat.

How does your family celebrate your culture, including racial, religious and ethnic heritage? We'd like to know about unique holiday celebrations, discussions and activities that include your child. Do religious beliefs prohibit participation in certain holidays and celebrations?

Is there anything else that you would like us to know about your child or your family?