

**Anchor Bay Early Childhood Programs
FAMILY & SOCIAL HISTORY**

Teacher's Name _____

Child's Name _____
(Please print clearly)

Birth date _____

In order to help the teachers to know a little bit about your child, please take a few minutes to complete this Family and Social History form and return it to your child's teacher at Meet & Greet.

Does your child have a nickname? _____

Parent's marital status (circle) married single divorced widowed re-married partner

Who does the child live with? Mom Dad Both Parents Grandparents Other _____

Primary language spoken in the home _____ Secondary Language _____

At what age did your child begin to talk in complete sentences? _____

At what age did your child begin to crawl? _____ Walk? _____

At what age was your child independently toilet trained? _____

What word(s) does your child use when they need to use the bathroom?

Does your child wear a pull-up? Day _____ Night _____

What type of toys does your child enjoy playing with?

Has your child ever been in another preschool, daycare or play group? _____ If yes, where? _____

Has your child ever been excluded from another preschool or daycare? _____ If yes, reason:

Please list any brothers & sisters names and their ages:

Does your child have any pets? If yes, what kind?

Are there any holidays that you do not want your child to participate in?

Does your child have any allergies? (Be Specific)

You will be asked to complete an Allergy Alert by the teacher.

Do you have any concerns about your child's speech, language, hearing, vision, or development?

Please briefly describe your concern.

Please describe your child's behavior and temperament.

What do you hope for your child to gain from preschool this year?

Please share with us anything else you want us to know about your child and anything you think might help him/her to be more comfortable in our school.

**PARENT OBSERVATION CHECKLIST
FOR CHILDREN 3-5 YEARS OLD**

Child's Name _____

Date _____

Please observe your child at home and with friends. Place a check next to the items that apply to your child. Your observations will help to determine if your child has a communicating problem that may be affecting his/her relationships outside of school. Thank you for taking the time to provide this important information regarding your child.

- Avoids speaking with family members.
- Avoids speaking to other adults.
- Avoids speaking to other children.
- Uses more gestures than speech.
- Has a speech problem that is distracting to others.
- Is unable to retell a story or experience.
- Is unable to answer questions appropriately.
- Does not say all sounds.
- Leaves out sounds in words.
- Stutters.
- Speaks too rapidly or slowly.
- Has a voice problem. (Too high, too low, hoarse ect.)
- Has speech patterns of a much younger child (Vocabulary and sentence structure)
- Is hard for parents to understand.
- Is hard for others to understand.
- Does not follow spoken directions.
- Requires repetition of spoken directions.
- Is easily distracted.
- Has difficulty paying attention to a story.
- Has difficulty hearing.
- Is aware of his/her speech problem.
- Is teased about his/her speech by siblings or other children.
- I believe my child has a problem communicating.
- Is frustrated by his/her speech problem.
- Has difficulty processing what is said to them
- Has difficulty concentrating
- Unable to follow simple 2 - 3 step directions
- Is overly sensitive to sensory stimulus:
 - Sounds Touch Smells Tastes
 - Sight (bright or flickering fluorescent lights)

Comments _____

- () I CURRENTLY HAVE A SPEECH EVALUATION SCHEDULED FOR MY CHILD on _____
- () I WOULD LIKE INFORMATION ABOUT SETTING UP AN APPOINTMENT

Parent Signature

Daytime Phone