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Pre-Admission Assessment Application

Child's name _____ Home phone _____

Date of birth _____ Current age _____

Mother's name _____ Father's name _____

Child's living arrangements _____

Residence address _____

Please describe your current child care/preschool arrangements:

DEVELOPMENTAL HISTORY

Walked at _____ months / Began speaking at _____ months / Potty trained at _____ years

Has your child been under regular supervision of a physician? _____ Date of last exam _____

ILLNESS HISTORY

Please list any severe illnesses, injuries or accidents including date:

DAILY ROUTINE

Wake up time _____ Nap time (include duration) _____ Bed time _____

TESTING HISTORY

Has your child ever undergone cognitive (psych.) testing? _____ If so, please explain _____

Other testing (e.g. speech/language, fine/gross motor skills, etc.) _____

PARENT QUESTIONNAIRE

1. What is the most important thing you are searching for in a new environment for your child?

2. Would your child sit for 5-10 minutes to participate in a project and/or circle time? Yes_____ No_____

3. We have a daily quiet time at 1:00pm. Please put a check next to the scenario that would closest match yours.

My child would nap _____ My child would sit quietly on a nap mat and read books _____

My child does not nap, therefore would not participate in a quiet time _____

4. Has your child been asked to leave a care situation (pre-school, in-home care, etc.) due to behavioral/emotional problems?

If so, please explain _____

5. What is your philosophy regarding discipline?

6. How does your child get along with parents, siblings, other children and adults? _____

7. Has your child had group play experience? _____

8. Are there any limitations which would prohibit your child from fully participating in an active, educationally structured program? _____

9. How does your child handle frustration? _____

10. What is your child's best quality? _____

11. Has your child been referred to special education or diagnosed as having special needs?

12. Does your child have a documented history of behavioral/emotional problems? _____
