

HOPE PARENT'S DAY OUT & PRESCHOOL  
CHILD PROFILE

Purpose: To help the staff to have some immediate understanding of your child, to aide in being aware of his unique personality and needs, and to provide the most positive early childhood educational experience possible based on parental input.

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

Parents' Names \_\_\_\_\_ & \_\_\_\_\_

Child lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Are parents divorced or separated? Yes \_\_\_\_\_ No \_\_\_\_\_ Is child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

Names and ages of sibling(s) \_\_\_\_\_  
\_\_\_\_\_

What languages are spoken in the home \_\_\_\_\_

Others living in the home \_\_\_\_\_

Mother's employment \_\_\_\_\_

Father's employment \_\_\_\_\_

Has the child been in a school setting before? \_\_\_\_\_

Where and when \_\_\_\_\_

Does your child have any chronic illness, i.e. asthma, epilepsy, diabetes, allergies, heart or respiratory illness, etc? \_\_\_\_\_

Explain \_\_\_\_\_

Does your child have problems with his Vision? Y / N Speech? Y / N Hearing? Y / N Other? Y / N

Explain \_\_\_\_\_

Please rate your child's ENERGY LEVEL Low 1 2 3 4 5 High

Is this a problem? \_\_\_\_\_

Does your child enjoy playing with other children? \_\_\_\_\_

Is your child fearful of new surroundings? \_\_\_\_\_

Is your child reluctant to leave parents? \_\_\_\_\_

Does your child have frequent temper tantrums? \_\_\_\_\_

What method of discipline do you use? \_\_\_\_\_

How well does your child accept your discipline? \_\_\_\_\_

I would describe my child's disposition as Happy \_\_\_\_\_ Passive \_\_\_\_\_ Cranky \_\_\_\_\_ Even-tempered \_\_\_\_\_

Alert \_\_\_\_\_ Temperamental \_\_\_\_\_ other \_\_\_\_\_

So far, I would describe my child's development as:

Things my child especially enjoys are:

I would like HOPE to be especially sensitive to my child's:

What else would you like to share about your child?