



Personal History

Today's Date: _____

Child's Name _____ Birth Date ____/____/____

Parent's Name (s) _____

Other children living in the home (Please give names and birth dates):

Name _____	Birth Date ____/____/____
Name _____	Birth Date ____/____/____
Name _____	Birth Date ____/____/____

Other adults living in the home

Name _____	Relationship _____
Name _____	Relationship _____

Is this your child's first pre-school experience? Yes _____ No _____

If no, what was the previous experience, how many days per week, how many hours, and what was your child's reaction? _____

Please describe previous separations from you experienced by your child

Is another language spoken in your home? Yes _____ No _____

If so, which language? _____

Does your child have any physical factors that we should be aware of? Yes _____ No _____

If yes, please describe _____

Does your child have any allergies? Yes* _____ No _____

Please list _____

*if yes, please complete the allergy awareness form available from the ECC Director

Personal History, p. 2

Is your child toilet trained? Bowel _____ Bladder _____

Does your child need help with toileting? Yes _____ No _____

Does your child have sleeping problems? Yes _____ No _____

If yes, please describe _____

Does your child have eating problems? Yes _____ No _____

If yes, please describe _____

Does your child play with other children?

Often _____ Occasionally _____ Never _____

Does your child play by himself for a sustained period? Yes _____ No _____

How do you and your child spend time together?

What goals do you have for your child in pre-school?

Please share transitions in your family as these may impact your child. Has your family recently experienced any of the following?

Moving _____ New Job _____ Loss of Pet _____

New baby expected? _____ If so, when? _____

Serious illness of _____ Death of _____

Is the child adopted? _____ If yes, at what age? _____ Does the child know? _____

Are there any aspects of your child's developments that are of concern to you?

Thank you for sharing. Information provided on this form is kept in confidence by the staff of the BJBE ECC at the Chava Center.