

# Children of Joy Parent Intake Form



Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and successful preschool experience. Thank you!

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **Personality**

What descriptive words generally describe your child.

Does your child have any siblings? If so, how many?

What is your child's temperament?

Does your child become frustrated easily? If yes, explain

How does your child express frustration?

Please list any further information you believe will be helpful to understanding your child.

**Play & Social Skills**

Has your child attended preschool or child care before?

Does your child play with other children? Yes                      No                      Sometimes

What is the gender of most of your child's playmates?

Are your child's playmates older or younger?              Older              Younger

Previous play group experience:

Preschool              Play Group              Church Group              Other

What is your child's participation in play?

Just watches                                      Joins in gradually                                      Eager to participate

What is your child's interaction with other children?

Likes to play with others                      Plays by himself/herself                      Just watches

Sharing toys and protection of personal rights:

Passive (lets others take toys)                                      Physically defends rights  
Cries but does not defend rights                                      Uses words to defend rights

Is your child comfortable with group situations?              Yes      No

What activities does your child enjoy? Give some examples

What activities does your child avoid?

Is there anything we should know about your child's play with other children or themselves? Concerns?

**Development**

Do you have any concerns about your child's development?

If yes, please circle all that apply:

Hearing

Vision

(Speech) Language

Gross Motor (ex. running, jumping, throwing)

Fine Motor (ex. cutting, holding a crayon, tearing)

Social

Other (list please):

Has your child ever received therapy services or an assessment from a physician or therapy professional? If yes, please provide a copy of the assessment.

What is the primary language spoken at home?

Are there any other languages used with your child?

How many words are used during communication attempts? (ex. 1-2 words, pointing, phrases, etc.)

## **Behavior & Coping**

What soothes your child?

What frightens your child?

Does your child have a favorite song or game that comforts them?

What are your expectations for your child at school?

How does your child handle changes in routine? Smoothly    It's a challenge

Does your child easily separate from parents (say goodbye)?

Do you anticipate any difficulties with separation?

How does your child react to new situations?

## **Toileting**

Is your child potty trained?    Yes    No    Almost there

Do you use diapers or pull ups?

Does your child use the potty or the toilet?

How does your child let you know when it's time "to go"?

**Self Help Skills**

Can your child: Dress/undress himself zipper, button, snap, etc.

Yes                  No                  With assistance

Can your child feed himself/herself? Can he/she use a fork and/or a spoon?

Yes                  No                  With assistance

**Please circle what word best describes your child's communication**

Uses words to express himself                  Good                  Average                  Needs Help                  N/A

Speaks clearly    Good                  Average                  Needs Help                  N/A

Vocabulary is age-appropriate                  Good                  Average                  Needs Help                  N/A

Understands directions                                  Good                  Average                  Needs Help                  N/A

**Please use this space to tell us anything else about your child that would be helpful for us to know to make their Preschool experience better. Thank you completing this form!**