

GENERAL INFORMATION FORM

1 YEAR OLDS

(2, 3 and 4 year olds on the other side)

1. Child's Name_____ Preferred Name_____

2. Eating Habits?_____

3. Is he/she quiet or active? _____

4. What regular interaction with adults and other children has he/she had?

5. Is your child comfortable being left in the care of others? _____

6. What kind of play does he/she enjoy? _____

Group _____ Individual _____

7. What are his/her favorite toys? _____

8. To what degree is he/she establishing independence?

a. Standing Alone _____

b. Walking _____

c. Feeds himself/herself snack _____

d. Drinks from a Sippy Cup _____

9. Please list any special concerns you have (hearing loss/difficulties, medical history, etc.) _____

GENERAL INFORMATION FORM
2, 3 & 4 YEAR OLDS
(1 year olds on the other side)

1. Child's Name _____ Preferred Name _____

2. Eating Habits? _____

3. What are his/her reactions to starting school? _____

4. Is he/she quiet or active? _____

5. What regular interaction with adults and other children has he/she had?

6. What kind of play does he/she enjoy? _____

Group _____ Individual _____

7. What are his/her favorite toys? _____

8. To what degree is he/she establishing independence?

a. Plays well alone _____

b. Dresses without help _____

c. Puts things away _____

d. Eats without help _____

e. Washes hands _____

9. Special Interests _____

10. Please list any special concerns you have (hearing loss/difficulties,
medical history, etc.)
