**HOPE Preschool**
Child/Family Personal History
(Two - Sided Form)

The purpose in securing this information about your child is to help the HOPE Preschool staff better understand your child's needs, concerns, and responses, and thus support and encourage him/her to reach full potential. All information is kept confidential and requires your written permission if it is to be shared. Some questions may not be applicable to your child at this time; please leave them blank.

**FAMILY AND SOCIAL HISTORY** Date ____________________

Child's Name __________________________________ Known as _______________________
(Name you wish your child to write and identify)

Sex ________ Age ________ Date of Birth ________________

Address ____________________________________________________________________________

____________________________________________________________________________________

Mother (guardian) ____________________________________ Occupation ______________________

Employer name & address: ____________________________________________________________

Father (guardian) _____________________________________ Occupation ______________________

Employer name & address: ____________________________________________________________

Marital Status: Married __________ Divorced ______How long? _____

Single Parent _____ Separated _____How long? _____

Custody/visiting arrangements _________________________________________________________

Siblings: Name ______________________________________ Date of Birth _____________________

Name ______________________________________ Date of Birth _____________________

Name ______________________________________ Date of Birth _____________________

Other members of the household (include relationship and age) __________________________________

____________________________________________________________________________________

How long have you lived in this city? ______________________________________________________

Is English your child's primary language? ___________________________________________________

Do you speak a language at home other than English? ______ If so, what? _______________________

Are there special words that would help us communicate with your child? _________________________

____________________________________________________________________________________

Are there any cultural practices or holidays you would like us to know about? ______________________

____________________________________________________________________________________

What age was your child when he/she first separated from Mom and/or Dad? (i.e. illness, hospitalization, babysitter, school, daycare, etc.) ________________________

Date _______________ Explanation ________________________________________________________

____________________________________________________________________________________

**PERSONAL HISTORY**

Type of birth: Full Term _____ Premature _____

Any complications? ______________________________________________________________

Age he/she began sitting ________________ crawling ________________ walking ________________

Is he/she a good climber? _______________ Does he/she fall easily? ________________

Age he/she began talking _______________ Does he/she speak in words _____ or sentences? _____

Does he/she have any speech problems? ________________________________________________

Other language ________________ Special words to describe his/her needs _____________________

**SLEEPING**

What time does child go to bed? _______________________ Awaken? _________________________

Is he/she ready for sleep? ________ Does he/she have his/her own room? ______ Own bed? ________

Does he/she walk, talk, or cry out at night? ________________________________________________

What item does he/she take to bed with him/her? ____________________________________________

Does he/she take naps? ______ From when to when? _______________________________________

**SOCIAL RELATIONSHIPS**

Has he/she had experiences in playing with other children? __________

By nature, is he/she: Friendly ________ Aggressive ________ Shy ________ Withdrawn ________

How does he/she get along with his/her brothers and sisters? _________________________________

Other adults? _______________________________________________________________________

With what age child does he/she prefer to play? ______________________________________________

Will he/she know any children in the preschool? ______________________________________________

What makes him/her angry or upset? _____________________________________________________

_________________________________________________________________________________

How does your child show his/her feelings? ________________________________________________

_________________________________________________________________________________

What method of behavior control is used in your home? _______________________________________

_________________________________________________________________________________

What is child's usual reaction? _________________________________________________________

_________________________________________________________________________________

Who does most of the disciplining? ______________________________________________________

Is he/she frightened by any of the following: Animals/Insects _______ Tall people _______

Loud noises ______Dark _______ Storms _______ Anything else?______________________________

Does your child have a pet? ________ Type ___________________ Name ______________________

How much time does your child spend using electronics each day?

TV __________ Computer ___________ Video Games ___________ IPad __________

What are his/her favorite programs, games, etc.? ____________________________________________

________________________________________________________________________________

Favorite toys and activities at home ________________________________________________________

________________________________________________________________________________

Does he/she like to read or be read to? _______ Visit the library? ________ Listen to music? ________

Does he/she like to play outdoors? ___________ Can your child ride a tricycle? __________

Has he/she had experience with: Clay _______________ Scissors ________ Easel painting ________

Finger painting _______ Blocks __________ Water play __________

What do you consider to be your child's strengths? _____________________________________________

________________________________________________________________________________

What do you and your child enjoy doing together? ______________________________________________

________________________________________________________________________________

Does your child have any problems that we should be aware of? ________________________________

________________________________________________________________________________

**HEALTH HISTORY OF CHILD**

What past illnesses has he/she had? __________________________________ At what age? _________

Chicken pox ______ Scarlet fever_______ Diabetes ______ HIV ______ AIDS ______ Measles ______

Hepatitis A ______ Hepatitis B ______ Seizures___________Other____________________

Does your child have frequent: Colds _____ Earaches _____ Stomachaches _____ Nosebleeds______

Explain:_________________________________________________________________________

Does he/she vomit easily? _____ Does he/she run high fevers easily? _____

Has your child had any serious accidents? _____ Explain: _____________________________________

Does your child have allergies? ________ If so, what are his/her symptoms?____________________

________________________________________________________________________________

Asthma ______ Hay fever _______ Hives _______ Other _______

What is the cause of the allergy? __________________________________________________________

Does your child have a doctor-prescribed EpiPen Jr. or AuviQ ? __________

Does he/she have any food allergies? _______ Please list _____________________________________

________________________________________________________________________________

Has your child ever been hospitalized? ______ What for? ______________________________________

Has your child ever had a vision test? ______ a hearing test? ______

Does he/she wear corrective shoes? _______

Does your child have any special needs? _______ If so, please explain ___________________________

________________________________________________________________________________

Does child eat with a spoon? _____ Fork? ______ What time does your child eat breakfast? _________

Is child right or left-handed? ________________ Is the family vegetarian? _______________________

Other dietary restrictions: ________________________________________________________________

**TOILET HABITS**

Can the child be relied upon to indicate his/her toileting needs? _______

What word is used for urination? _______________ for bowel movement? _______________

Does the child need to go more frequently than usual for his/her age? _______

Is he/she frightened of the bathroom? (for example, flushing toilet)_______

Does he/she have accidents? _______ How does he/she react to them? _________________________

Does the child need help with toileting? ______ Was the child easy or difficult to toilet train? __________

Does he/she wet the bed at night? _______ How often? ______________________________________

**OTHER**

Briefly describe your child (personality, abilities, etc.) __________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What are your expectations for your child at HOPE Preschool? In what particular ways can we help your child? ________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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