



Troy School District Preschool
Family and Social History

The following information is confidential. The information included will give the preschool staff a head start on getting to know your child. Thank you for taking the time to complete this valuable form.

Name of Child _____ Birthdate _____

Mother (Guardian) _____ Age _____

Father (Guardian) _____ Age _____

Home Elementary School for Kindergarten _____

Parent work hours: _____

Marital Status of Parents:

Living Together _____ Stepfather _____

Parent work hours _____ Stepmother _____

If child is adopted:

Age at Adoption _____

Does child know he/she is adopted? _____

Separated _____ Divorced (remarks) _____
how long?

Custody/Living Arrangements: _____

Brothers/Sisters of Child:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other members of the household (include relationship/age): _____

What is your child's native language? _____ Does your child speak English? _____

Does the child have a room alone? _____ If not, with whom? _____

Who has cared for child other than parents? _____ How many people live in your home? _____

Has your child had any group play experience? Where? _____

Does child have neighborhood friends? Specify. _____

Average number of hours per day spent on IPAD/computer/phone/TV. _____

Child's favorite indoor activities: _____

Child's favorite outdoor activities: _____

Please complete reverse side of this form.



Developmental History of Child:

Age at which child: _____

Crept on hands and knees _____

Sat alone _____

Walked alone _____

Named simple objects _____

Repeated short sentences _____

Slept through night _____

Began toilet training _____

Word child uses for: Urination _____ Bowel movement _____

Usual time for B.M. _____ Dietary Restrictions? _____

Does child dress self? _____ Undress self? _____

What time does your child go to bed at night? _____ Does she/he sleep well? _____

What time does your child usually awaken? _____ Any medical concerns/diagnosis? _____

Has your child ever been serviced by/ or participated in any other programs sponsored by the Troy School District? (ECP, Head Start, Early On, speech/language, etc) If so, when/by whom?

Does your child have an IEP? (Individualized Educational Plan) _____

Do you have any concerns about your child's developmental progress? _____

Does your child have any learning challenges that might influence their development? _____

Has your child had any prior screenings completed relating to their development? _____

Does your child have any special fears you are aware of? _____

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

What is your child's usual reaction? _____

Who does your child behave well for? _____ Who does your child not behave well for? _____

How would you describe your child's personality? _____

Has your family experienced changes at home in the past year (move, illness, loss of loved one or pet, etc.) that might affect your child during preschool? _____

Is there any special information that would help the teaching team caring for your child?
