



**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 \_\_\_\_\_ Steppather \_\_\_\_\_

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?  
\_\_\_\_\_