

**Connections Preschool
Child Inventory**

You can help us plan for the support and encouragement of your child by providing the following information. The information will remain confidential, and we hope you will update it when needed.

Name of Child: _____ Class Name: _____

Name child prefers to be called: _____

Birth Date: _____ Home Phone: _____

Child's Address _____

Name of Male Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Address: _____

Work Address: _____

Email: _____

Name of Female Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Address: _____

Work Address: _____

Email: _____

Please circle appropriate marital status of parents:

Single Married Separated Divorced Remarried

If divorced, please describe custody and visitation agreement for the child, and tell us what words your child would use to describe this arrangement. _____

Is your child adopted? _____ Do they know? _____

How long have they known? _____ How old were they when they were adopted? _____

Please list their siblings: names and ages _____

Please list other friends/relatives significant in your child's life and their relation _____

Does your child have a pet? ___ Please list kinds and names. _____

Have there been births, deaths, adoptions, or other changes in the family structure which has affected your child? _____ If so, please describe briefly what happened and the effect on your child _____

What opportunities does your child have to play with other children? _____

What are your child's favorite activities? _____

What methods of discipline have you found most effective? _____

How do you encourage your child in positive behavior? _____

Does your child have fears? ___ What are they and how do you address them? _____

What do you and your child enjoy doing together? _____

How much television does your child watch each day? _____

What are his/her favorite programs? _____

How much time does your child spend on a computer each day? _____

What is your child's favorite song? _____

What is your child's favorite book? _____

How would you describe your child's personality? _____

How much sleep does your child require each day? _____

Does your child nap regularly? _____

What is their usual bedtime? _____

What communicable diseases has your child had? (Indicate age and date.)

Chicken Pox _____ Conjunctivitis (pink eye) _____

Impetigo _____ Hepatitis _____

Scarlet Fever _____ Other _____

Does your child have frequent:

Colds _____ Coughs _____

Tonsillitis _____ Ear Infections _____

Strep Throat _____ High Fever _____

Upset Stomachs _____ Seizures _____

Has your child had serious illness, surgery, or a hospital stay? ___ If so, please describe the condition and your child's reaction. _____

Are bowel and bladder functions regular and under control? _____

What word does your child use for urination? _____

What word does your child use for bowel movements? _____

Has your child had a vision test? _____ Results: _____

Has your child had a hearing test? _____ Results: _____

Does your child have any speech problems? ___ Please be specific about any concerns _____

Does your child have regular dental check-ups? _____

Are there any dental problems? _____

Is your child taking any regular medication? _____ If so, please describe _____

Does your child have any allergies? ____ Please list _____

How are these allergies manifested? _____

Does your child have any dietary restrictions? ____ If so, please describe _____

Is this because of allergy, family preference, medical needs, other? _____

Is your child currently under a physician's care for a specific area or need? _____

Does your child receive therapy of any kind? _____ Please list. _____

Does your child have an IEP (Individualized Education Plan for special needs)? _____ If so, please explain _____

Was your child's birth full term? _____ Premature birth? _____

Were there any complications or problems that might be helpful for us to know? _____

What hopes and expectations do you have for your child from our program? _____

Please list any additional information you consider important for us to have that will help us teach and nurture your child and help support your family. _____

Connection Preschool Families with English Language Learners (ELL)

(Fill out if English is your Second Language at home)

1. What language(s) does your family speak? _____
2. Did your child grow up with two languages from birth? _____
3. Did your child grow up with one language from birth, and then learn a second language after the age of two? _____
4. How old was your child when the second language was introduced? _____
5. How much time does your child spend using his/her home language? _____
6. Does your child use one of his/her languages more often than other? _____
7. When your child wants to communicate, which language does he/she use? _____
8. Who are the people in your child's life who speak the home language to him/her? How often does he/she see them? _____

9. Who are the people in your child's life who speak English to him/her? How often does he/she see them? _____

10. What does your child like to talk about? _____

11. Describe the personality of your child. _____

12. At what age did your child begin to say his/her first words? _____
13. Can you and others understand what your child says? _____
14. How many words do you think your child knows? _____
15. Can your child communicate his/her needs? _____

Child's Name _____

Class _____