



New or Returning Child Intake Form

Demographic Information

Child's Name _____ Nickname(s) _____

Birthdate _____ Gender _____ Right or Left Handed _____

Parent/Caregiver Name(s) _____

Who lives at home? (adults and their relationship to child; names and ages of all children)

General Information

What would you like your child to gain from his/her experiences at Aleph Preschool?

Does your child have any medical conditions or allergies?

Does your child have any special needs (i.e. behavioral, speech, physical)?

Physiological Development

Has your child has his/her hearing tested? _____ Results? _____

Has your child has his/her eyes checked? _____ Results? _____

Is his/her speech easily understood? _____ If not, please describe _____

Social-Emotional Development

Participation in play? _____ Is an observer _____ Joins in gradually _____ Eager to participate

Interaction with other children? _____ Is an observer _____ Plays by him/herself _____ Plays with others

Favorite playtime activities, toys and special interests:

Sharing toys and protection of personal rights:

___ Passive (lets others take toys) ___ Physically defends rights

___ Cries, but does not defend rights ___ Uses words to defend rights

How does your child react if he/she doesn't get what he/she wants?

What kind of discipline techniques are used at home?

What family customs or traditions are important to your family?

Do you anticipate any difficulties with separation? _____

Does your child have any fears? _____

Please describe any prior experience your child has with school settings _____
