

Montvale School District  
Integrated Preschool Program

Tell us about your child...

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Name

Address

Date of Birth

Does your child have any health problems that we should be aware of?  
Please explain

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Are there any foods or drinks that your child should not have?

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At what age did your child...

Crawl \_\_\_\_\_ Walk \_\_\_\_\_

Name objects \_\_\_\_\_ Speak in sentences \_\_\_\_\_

Is your child able to climb stairs? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

Does your child interact well with adults? \_\_\_\_\_ Peers? \_\_\_\_\_

Can your child follow simple directions? \_\_\_\_\_

Is your child able to accept change easily? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What activities does your child find most enjoyable? \_\_\_\_\_

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Please circle items below that describe your child...

|           |               |           |              |
|-----------|---------------|-----------|--------------|
| Happy     | Aggressive    | Friendly  | Moody        |
| Dependent | Stubborn      | Impulsive | Fearful      |
| Clumsy    | Even-tempered | Quiet     | Good-natured |

Has your child learned to...

Sing songs? \_\_\_\_\_ Listen to stories? \_\_\_\_\_

Jump? \_\_\_\_\_ Hop on one foot? \_\_\_\_\_

Build with blocks? \_\_\_\_\_ Cut with safety scissors? \_\_\_\_\_

Scribble? \_\_\_\_\_

Has your child had prior preschool or daycare experiences? \_\_\_\_\_

Please describe experiences \_\_\_\_\_

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Is there anything else you would like to share with us?

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