



Does he/she have any special fears? (i.e. thunder) \_\_\_\_\_

Has your child attended preschool/daycare before? \_\_\_\_\_ If yes, please list:

Does your child concurrently attend another preschool or child care program? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Days of week and time: \_\_\_\_\_

What are his/her feelings about going to school? \_\_\_\_\_

Does your child help with household chores at home? \_\_\_\_\_

Has your child experienced any emotional distress in the recent past? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list any chronic physical problems and pertinent developmental information and any special accommodations that may be needed: \_\_\_\_\_

Is your child receiving any special services from county agencies or a private source?

If yes, please list: \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_

What are you, as a parent, hoping your child will receive from his/her preschool experience at LSP? \_\_\_\_\_

Is there any other information regarding your family or child which you feel would help us better serve your child's individual needs at LSP? If yes, please list: \_\_\_\_\_

***(All information included here is confidential.)***