

Does your child have a special õsleepö mate or comfort/security item? If yes, what?

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.)