



Discovery Preschool Special Education Student Data Form



Required Information about the Child:

First Name _____ Last Name _____

Middle Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Nickname, if to be used in preschool: _____

Address: _____

Language spoken at home: _____

Ethnicity: _____

Child's Physician _____ Phone: _____
 Child's Dentist _____ Phone: _____

Chronic/recurring health conditions: _____

Special Services child receives:

___ Speech _____ Occupational Therapy _____ Physical Therapy
 ___ Other: _____

Person/s to be called in an emergency if parents can not be reached (DO NOT LIST YOURSELF**):**

Name of Individual	Relationship	Home Telephone	Cell/Work Telephone

*******If Discovery Preschool is unable to reach the parents,
 I give permission for Discovery personnel to use the services of
 Mountain Lake Ambulance, Mountain Lake Medical Clinic and/or the Windom Hospital.**

** _____ **
 Signature of parent Date

Person/s **bringing child to** Preschool: ___ School ___ Other: _____
 Person/s **picking up child after** Preschool: ___ School ___ Other: _____

OVER

HELPFUL INFORMATION ABOUT MY CHILD

Left handed _____ Right handed _____ No preference _____

Favorite play activities _____

Favorite toy/s _____

Special interests (ex. bugs, books, dolls, tractors, weather) _____

Was child born premature? _____ Any remaining developmental delays _____

Is child toilet trained? _____ Does child say when they need to use the bathroom? _____

Toileting difficulties, if any _____

Food: Allergies, likes/dislikes, eating habits: _____

Sleep habits: regular bedtime _____ p.m. Napping _____

SOCIAL HABITS

Has your child had previous group experience? _____ Where? _____

Does your child have neighborhood playmates? _____

Describe how your child gets along with other children: _____

What fears or phobias, if any, does the child show? _____

Other information or comments? _____

Required Information about the Parents:

FATHER: _____
Address (if different than child's):

Home Telephone: _____

Cell Phone: _____

email: _____

Date of Birth: _____

Employed: ___ Yes ___ No

Place of employment: _____

Work Telephone: _____

Time at Work: ___ More than 25 hours/week
 ___ Less than 25 hours/week

MOTHER: _____
Address (if different than child's):

Home Telephone: _____

Cell Phone: _____

email: _____

Date of Birth: _____

Employed: ___ Yes ___ No

Place of employment: _____

Work Telephone: _____

Time at Work: ___ More than 25 hours/week
 ___ Less than 25 hours/week

Please "star" preferred first method for teacher to contact you from above.

The phone number marked will also be the one used for the JMC School System alerts.

Other people allowed to pick up child (who are not listed on Page 1): _____

People with **court ordered "No Contact" with child:** _____

Home Environment:

Please list any **OTHER adults** (NOT PARENTS) who are living in the home:

Adult's Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Name and age of **OTHER children** (ages birth to 17 years) who are living in the home:

Child's Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

(TOTAL number of people in the household: _____)

OVER

Other Helpful Information:

Methods of **discipline** used at home _____

Adult expectations of children (for example - at mealtime, in public, around adults, helping at home, self care, around other children, at special events, with company at home, use of manners, dealing with problems, following rules, following directions, listening, talking, etc.): _____

Any **home situations** that may affect behavior at school (like new baby, job changes/hours, family illness/death, moving, family stress, one-parent home, etc.): _____

Parental understanding of this child (strengths and weaknesses, how they respond to various situations, anything else that will help the teacher in planning for this child):

