

**INFORMATION FORM  
(FOR PROFESSIONAL USE ONLY)**

Information Form for \_\_\_\_\_ **Cooperative Preschool**

Return to (teacher's name) \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name to be used at school \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home address (include zip code) \_\_\_\_\_

Home phone \_\_\_\_\_ Parent work phones \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax# \_\_\_\_\_

Persons in the household (use full name)	Age & Relationship to child
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What languages are spoken at home? Would you be interested in sharing this language and/or culture in the classroom?

Do you have any special talents or hobbies you would like to share with the classroom?

Allergies & types of reactions (foods, medication, etc.)

List foods that should not be served to your child

List child's previous group experiences \_\_\_\_\_

\_\_\_\_\_

List child's fears \_\_\_\_\_

List any major changes or experiences in your child's life you would like the teacher to know about for increased understanding of your child's needs: i.e. relative's death, moving, divorce, hospital stay, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check if you have concerns about any of the following areas of development with your child.

Speech/Language      Hearing      Dental      Health      Vision

Intellectual Development      Large or small muscle coordination

Behavior (overly active, difficult to discipline, short attention span, aggressiveness, overly shy or withdrawn, fearful, etc.) Please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been evaluated for any of the above?    Yes    No

If yes, which of the above? \_\_\_\_\_

By whom? \_\_\_\_\_ When? \_\_\_\_\_