

*This form should be filled out only if parents feel their child has some specific needs beyond those of normal development.  
It need not be filled out for all children.*

## CHILD'S INFORMATION (One Form per Child)

Last Name	First Name	Age as of June 2009    ___ Years    ___ Months
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Days and Times Attending:

If your child is not scheduled to attend our program full time or the days/times that coincide with the class in which we feel we can best meet his/her needs, will you be willing to consider making necessary adjustments in those times?

\_\_\_ Yes      \_\_\_ No

## ISSUES (Please Check the Appropriate Box)

Please check if your child has exhibited a *significant delay* or need for remediation in any of the following areas of development. Note: if this was brought to your attention by a preschool, medical or other professional and any testing, assistance or treatment your child has or is currently receiving:

- |  |  |
|--|--|
| <input type="checkbox"/> Articulation<br><input type="checkbox"/> Fine motor skills<br><input type="checkbox"/> Discipline (fighting, self control, etc.)<br><input type="checkbox"/> Following instructions<br><input type="checkbox"/> Sustained shyness/hesitancy in groups<br><input type="checkbox"/> Academic skills (letter, number recognition)<br><input type="checkbox"/> General maturity (ex: late birthday) | <input type="checkbox"/> Language<br><input type="checkbox"/> Gross motor skills<br><input type="checkbox"/> Attention span<br><input type="checkbox"/> Other. Please explain: _____<br>_____<br>_____ |
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## KINDERGARTEN DELAY?

If your child was eligible to enter kindergarten September 2009 but is not, briefly highlight reasons for delaying entry:

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Preschool Attended Last Year:

## OTHER

Please share with us any other situations or characteristics of your child you feel would be helpful for us to know in order to meet his/her needs:

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