

*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 2021 ____ 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
<input type="checkbox"/> Fine motor skills
<input type="checkbox"/> Discipline (fighting, self control, etc.)
<input type="checkbox"/> Following instructions
<input type="checkbox"/> Sustained shyness/hesitancy in groups
<input type="checkbox"/> Academic skills (letter, number recognition)
<input type="checkbox"/> General maturity (ex: late birthday) | <input type="checkbox"/> Language
<input type="checkbox"/> Gross motor skills
<input type="checkbox"/> Attention span
<input type="checkbox"/> Other. Please explain: _____

_____ |
|--|--|

KINDERGARTEN DELAY?

If your child was eligible to enter kindergarten September 2021 but is not, briefly highlight reasons for delaying entry:

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:
