

**TEMPLE ISRAEL CENTER NURSERY SCHOOL
CHILD DEVELOPMENT PROFILE**

Date _____

1. Child's Name _____ Birth Date _____
2. Father's Name _____ Occupation _____
3. Mother's Name _____ Occupation _____
4. Name and ages of siblings:

5. Any other persons living in the home: (please list name and relationship to child):

6. What languages are spoken in your home? _____

YOUR CHILD

1. Was there anything unusual about your pregnancy or your child's birth?
2. If your child was adopted, how have you shared this with him/her?
3. Briefly describe what your child was like as an infant:
4. Tell us about your child now. What are his/her favorite things to do, places to go, things to play with, foods, etc.?
5. How does your child respond to new situations?
5. Is your child receiving services through Early Intervention or the Committee for Pre-School Special Education? If so, which.
6. How would you describe your child's speech?
Clear _____ Understandable _____ Difficult to understand _____

ALLERGIES AND HEALTH CONCERNS

1. Does your child have any food allergies? Please list them.
7. How do his/her allergies manifest themselves?
8. What precautions need to be taken? Does your child have an Epi-Pen?
9. Does your child have any other health issues?
10. Has your child ever been treated for illness or injuries? If so, describe:
12. Has your child ever been hospitalized? _____ Please describe:

TOILETING

1. Is your child toilet trained? _____
Bowel _____ Urination _____
2. Does your child indicate when he/she has to go to the bathroom? _____
3. With which words or signals? _____
4. Are reminders necessary? _____

SLEEPING

1. Does your child usually nap? _____ Length of nap? _____
2. Does your child usually sleep through the night? _____

SEPARATION

1. How does he/she respond when you leave?
2. How do you handle this?
3. Describe any lengthy separation experiences your child has had:

FEELINGS AND SENSITIVITIES

1. What makes him/her happy?
2. Sad?
3. Frightened?
4. Angry?
5. Aggressive?
6. In what ways do you handle your child's upset feelings?
7. Describe your approach to discipline: What are some of your strategies and how does your child respond?

YOUR FAMILY AND TEMPLE ISRAEL CENTER NURSERY SCHOOL

1. Is there anything we should know that will help us to better understand your child?

2. Describe the year you hope to have at the Temple Israel Center Nursery School. How would you like nursery school to benefit your child?

Parent's signature _____