

Compass SchoolHouse
CHILD'S PERSONAL HISTORY

Child's Full Name _____

Nickname _____ Are both parents living at home? YES NO (circle one)

Are other adults living in home? YES NO (circle one) If so, who? _____

Previous Nursery School _____

Today's Date _____

PLAY

Play child enjoys most _____

Does he/she play with other children? YES NO If yes, ages of others _____

Does he/she play well alone? YES NO SOMETIMES (circle one)

Name(s) and age(s) of other children in the family _____

SLEEPING

What time does he/she go to bed? _____ Awaken? _____

Is your child still napping? YES NO SOMETIMES If yes, when? _____

TOILETING

Does he/she tell an adult when he/she needs to use the bathroom? YES NO SOMETIMES

Can he/she go alone? YES NO Does he/she soil or wet clothes? YES NO SOMETIMES

SPEECH

Does your child speak clearly so others outside the home can understand him/her? YES NO SOMETIMES

FEARS

Does your child have any specific fears? YES NO If yes, please describe _____

ANY PHYSICAL LIMITATIONS? YES NO If yes, please describe: _____
