

2016-2017
EARLY CHILDHOOD SCHOOL STUDENT PROFILE

Child's Name _____ Birth Date _____

Hebrew Name _____ Synagogue _____

1. PHYSICAL INFORMATION

A. Physical limitations _____

B. Please specify current level of toilet training:

- Not at all interested; loves his/her diaper
- Is just beginning to be interested and has had some success
- Fully trained; occasional accidents

C. Eating habits: _____

D. Sleeping and napping habits: _____

2. MEDICAL INFORMATION

Any history of hospitalization, major illness or injury? Yes _____ No _____

If yes, describe: _____

3. STUDENT INFORMATION

A. What kind of situations worries or frightens your child?

B. Please describe your child's likes and dislikes.

C. What strategies do you use to comfort your child?

D. For child entering 4's or Kindergarten, please elaborate on your child's swimming experience.

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(continued)

4. FAMILY INFORMATION

A. Marital Status: _____ **Family Living Arrangements** _____

If separated, what are your custody arrangements? _____

B. Please list names & ages of siblings (if applicable):

C. Persons living in child's household other than sibling(s):

D. Language spoken in house other than English: _____

5. Additional comments or concerns you would like to share with us.
