

**ESU 10**  
**Parent/Guardian Input Preschool**  
(Information Summary)

Child's Name:

Date:

Birthdate:

School:

Parents:

Address:

Home Phone:

Work Phone:

**I. Personal Information:**

1. Were there any unusual circumstances surrounding your pregnancy with this child, during the birth process, or during the postnatal period? If so, explain.

2. Did your child appear to progress normally as an infant with regard to sitting, walking, and other developmental milestones?

3. Describe how your child developed language. Did he/she develop language normally for a while and then lose it, or has he/she been generally slower than expected?

4. Did he/she babble, “goo-goo, gaa- gaa,” say, “mama” “dad,” talk in phrases, etc. In other words, did he/she seem to progress through the normal developmental sequence of language acquisition? If not, explain.

5. Does your child have a history of frequent ear infections? If so, give details.

6. Describe the meaningful language and gestures that your child uses spontaneously.

7. What are the names of parents, siblings, teachers, special friends, pets that your child uses or relates to (i.e., mom, mommy, mother, etc.)?

8. Has your child been in a school program before? If so, at what age was he/she enrolled? What type of program was it?

9. Does your child have medical problems that the teacher should be aware of? Seizures? Is he/she on medication? When is the medication given? By whom?

## **II. Skills and Interests**

1. What does your child do best?

2. What does your child have most problems with?

3. If left alone, what will he/she do? How does your child spend most of his/her free time?

4. What toys or other objects does your child like?
  
5. What are your child's favorite foods?
  
6. Is your child on a special diet? If yes, describe.
  
7. Does he/she have allergies to foods, other materials?
  
8. Is your child toilet trained? How much assistance does he/she require? How does he/she indicate needs?
  
9. Is there a time during the day when your child functions best? Is least attentive?
  
10. Under what conditions does your child work best? (i.e., sitting at a table, in a small space, with no distractions, etc.)

11. Do you have concerns about your child's behavior? How frequently? Under what circumstances?

12. How are your child's behavior problems usually managed? ( i.e., time out, removal of toys, loud reprimand, ignoring)

13. What reinforcements or rewards work best with your child?

14. Are there materials or activities that upset your child, or that he/she is afraid of?