



RAINBOW STATION[®]

PRESCHOOL

“Getting to Know You”

Child's Name _____ Nickname _____

Date of Birth: _____ Age _____

Health History

Current Health Status: _____

Allergies (include statement of type of reaction and necessary treatment)

Medications:

(Please list meds your child is allergic to here) _____

Food: _____

Environmental: _____

Previous illnesses/injuries _____

Hospitalizations/surgeries _____

Illnesses your child has had (chicken pox, measles, etc.) _____

Chronic illnesses/disabilities _____ IEP Yes* No

*Please attach.

Does your child... wear glasses? _____ wear a hearing aid? _____

use other physical assistance devices? (please specify) _____

Medications your child takes on a regular basis _____

Social Development

By nature, is your child:

Friendly _____ Shy _____ Aggressive _____ Outgoing _____

Active _____ Withdrawn _____ Competitive _____ Cooperative _____

Other descriptive adjectives _____

Does your child have special fears? _____

How does your child respond to a stressful situation? _____

What seems to help your child feel better? _____

What method of discipline do you use or find most effective? _____

Does your child have temper tantrums? _____ If yes how do you handle them? _____

Has your child been in previous out of home settings? _____

What are your child's favorite toys/activities? _____

Does your child have a security blanket/pacifier? _____ Name of Object: _____

Please complete back of form as well.

Family Data

Who lives with your child?

Mother/Guardian _____
Name

Father/Guardian _____
Name

Child's grandparents (name child calls them or if they are deceased)

Other members of the household

Brothers/Sisters (names & ages)

Naps

Does your child take a nap? _____ Morning? _____ Afternoon? _____

Toileting

Is your child toilet trained? _____ For urine? _____ For bowels? _____

How does your child communicate that he needs to use the toilet? _____

What words does he use? _____

Nutritional Patterns

Infants

Is your child breast fed? _____ and/or type of formula? _____

What is your child's feeding schedule? _____

Preschoolers

What foods does your child like? _____

What foods does your child dislike? _____

How would you describe your child's appetite? _____

Is there anything else we should know about your child's eating habits? _____

Please add anything else about your child that would help us in providing care