**Personal Information Record for Preschoolers**

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| Name | | Birthday/Age | | Sex  \_\_\_\_\_\_ Male \_\_\_\_\_\_ Female |
| Parent’s Name | | **Daytime phone** | | |
| 1. What is your child’s current daily sleeping schedule? | | | | |
| Morning wake-up time: | **Evening bedtime:** | | **Does your child still nap?** | |
| 2. What does your child find soothing or comfortable? | | | | |
| 4. How does your child react to strangers? | | | | |
| 5. What upsets or frightens your child? | | | | |
| 6. How does your child handle separation? | | | | |
| 7. List the foods your child enjoys eating. | | | | |
| 8. List any food your child strongly dislikes. | | | | |
| 9. What art activities does your child enjoy doing? | | | | |
| 10. What activities make him/her the happiest? | | | | |
| 11. Has your child begun potty training? | | | | |
| 12. This space is for any other information you wish to share about your child. | | | | |