

# Initial Parent Conference

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth: Normal \_\_\_\_\_ Premature \_\_\_\_\_ Overdue \_\_\_\_\_ Caesarian \_\_\_\_\_

Complication \_\_\_\_\_ (e.g., Toxemia or other complication) Birth Weight \_\_\_\_\_

Serious illness or hospitalization? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

Is child currently taking medication? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

Has child had previous preschool experience? \_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_

Is there anything about your child's behavior that concerns you? (at home or at school?)

Describe \_\_\_\_\_

## Family Information

### Mother:

High School Attended \_\_\_\_\_

College Attended \_\_\_\_\_ Certificate/degree? \_\_\_\_\_

Attending School Now? No \_\_\_ Yes \_\_\_

Occupation: Present \_\_\_\_\_

Former \_\_\_\_\_

Future Plans: (School, Work, etc.) \_\_\_\_\_

### Father:

High School Attended \_\_\_\_\_

College Attended \_\_\_\_\_ Certificate/degree? \_\_\_\_\_

Attending School Now? No \_\_\_ Yes \_\_\_

Occupation: Present \_\_\_\_\_

Former \_\_\_\_\_

Future Plans: (School, Work, etc.) \_\_\_\_\_

Siblings:	Name	Sex	Age	Name	Sex	Age
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

## Eating Habits:

How many meals each day does your family eat together? \_\_\_\_\_

How would you describe child's appetite? \_\_\_\_\_

What is your child's best meal? Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Snacks \_\_\_

What or who is your primary source of information for nutritional information?  
\_\_\_\_\_

## Bedtime Habits:

Awakens at \_\_\_ a.m. Naps: Yes \_\_\_ No \_\_\_ Goes To Bed At \_\_\_ p.m.

Does child sleep through the night? yes \_\_\_ no \_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does child sleep alone \_\_\_\_\_ In own bed \_\_\_\_\_ In own room \_\_\_\_\_

Does child remain dry throughout the night? yes \_\_\_ no \_\_\_ (if no, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

## Parenting

What method of discipline is most effective with your child?  
\_\_\_\_\_  
\_\_\_\_\_

How do you see yourself in parenting role? (percent of time)

Permissive \_\_\_ Disciplinarian \_\_\_ Consistent \_\_\_ Hesitant \_\_\_

Other \_\_\_\_\_

How do you see spouse in parenting role? (percent of time)

Permissive \_\_\_ Disciplinarian \_\_\_ Consistent \_\_\_ Hesitant \_\_\_

Other \_\_\_\_\_

Why do you wish to enroll your child at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_