

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: _____

