

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
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

