

Westminster School for Young Children Acquaintance Form

TO PARENTS: The teacher who is well-acquainted with the child, his personal likes and dislikes, his interests, his family, his many experiences with friends, is better equipped to guide the child's growth. Your thoughtful completion of this form will enable your child's teacher to become well-acquainted with your child and thus to work more effectively with him/her. The information included in this acquaintance form will at all times be considered confidential.

Child's Full Name: _____
(first) (middle) (last)

Child likes to be called: _____

Birth date: _____
(mo.) (day) (yr.)

Age (by August 31): _____

Past School Attended: _____

Days per Week: _____

Child's attitude toward program: _____

Parents' attitude toward child attending program: _____

Does your child usually separate from you easily? _____

A. PHYSICAL DEVELOPMENT

1. History

a. Childhood Diseases: _____

b. Early Development of Child

Premature _____ or Full Term _____

Adopted _____ at what age _____

Age child walked alone _____

Age child talked _____

Other comments _____

c. Irregularities in Development of Speech, Hearing, Sight, Muscle Control, or other areas (be specific)

d. Allergies (be specific)

2. Hearing

Yes No Don't Know

- a. Does your child turn on the TV at very high volume? ____ ____ ____
- b. Does your child seem to have trouble hearing? ____ ____ ____
- c. Has your child's hearing been checked? ____ ____
If yes, where? _____
- d. Has your child had a lot of ear infections? ____ ____
If yes, explain

3. Vision.

Yes No Don't Know

- a. Does your child squint or bend over
and look very closely at things? ____ ____ ____
- b. Do his/her eyes tend to cross or do they
appear to move from center? ____ ____ ____
- c. Has your child's vision been checked? ____ ____ ____
If yes, where? _____ Date: _____

4. Large Muscle Skills and Balance

Yes No Don't Know

- Does your child:
- a. Stumble frequently? ____ ____ ____
- b. Ride a bicycle or tricycle? ____ ____ ____
- c. Throw and catch a ball? ____ ____ ____
- d. Run as fast as other children the same age? ____ ____ ____
- e. Go up and down stairs with one foot on one
step, the other on the next step, and so on? ____ ____ ____
- f. Drop or break things more often than others
his/her age? ____ ____ ____
- g. Cut with scissors following a simple pattern? ____ ____ ____
- h. Which hand does your child prefer using?
Right ____ Left ____ Both ____

5. Speech and Language

- a. About how old was your child when he/she began putting
two words together (ex. "Mommy home" or "Get crackers")? _____
- b. Does your child speak clearly?
Circle one: most of the time some of the time little of the time
- c. Do you read to your child?
Circle one: Often (daily) sometimes (more than weekly) rarely (less than once a week)

B. FAMILY AND HOME

1. Family members and others

a. Father's Name: _____
Occupation: _____
Special talents or interests: _____

b. Mother's Name _____
Occupation _____
Special talents or interests _____

c. Child lives with: both parents mother only father only other
(circle one)
If "other" please explain _____

d. Siblings:

Name	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Other persons living in the home:

Name	Relationship
_____	_____
_____	_____
_____	_____

f. Friends:

Name	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Home responsibilities in which the child participates:

3. Regular routine

a. Eating – Appetite poor fair good very good
(circle one)
Favorite foods: _____
Food dislikes: _____
Does your child eat breakfast: _____

b. Sleeping habits
Bedtime _____ Time arises _____
Type of sleep (sound, restless, disturbed, etc.) _____

c. Daytime rest
How long? _____ Sleep or quiet time _____

d. Toileting
Terms used _____
Daytime control _____ Nighttime control _____
Anything unusual? _____

e. Dressing
Completely? _____ Partially? _____
Needs help with: _____

f. Bathing
Manages routine alone _____ Needs help _____

4. Child's interests

a. Pets (Circle all that apply) Dog Cat Bird Other

If "other" please list _____

Child's part in care of pets _____

Fears regarding animals _____

b. Favorite indoor activities _____

c. Favorite outdoor activities _____

d. Favorite books or stories _____

e. Interest in music _____

f. Interest in TV/Screen time _____

Time spent with screens _____

Favorite programs/games _____

g. Special groups or activities in which your child is involved (dance, etc.):

h. Travel experiences of your child _____

5. Family Relationships

a. Discipline of your child

Father's Role _____

Mother's Role _____

Type of discipline used most _____

b. Special times for father to be with child and activities engaged in at these times:

c. Special times for mother to be with child and activities engaged in at these times:

d. Other activities enjoyed by the entire family _____

e. Parents' availability for participating in school activities such as trips, resource person, etc. (List most convenient days and interests):

C. EMOTIONAL DEVELOPMENT

A Lot A little About the same

1. Is your child more active than others his/her age? _____
2. Is your child quieter than other his/her age? _____
3. Is your child unhappier than others his/her age? _____
4. Is your child more of a "loner" than others? _____
5. Describe your child's feelings toward others in the home (siblings, grandparents, babysitter, etc.) _____

6. Describe your child's feelings toward doctor and dentist. _____

7. Dependency on mother or another person: _____

8. Jealousy – how shown and toward whom? _____

9. Temper – frequent outbursts? _____
Reasons. _____
How do you handle this? _____

10. Does your child:
a. Usually follow directions? Never Seldom Often
b. Usually remember family rules? _____
11. Fears: Generally anxious and fearful? _____
Specifically afraid of _____
Your first observation of this _____
Your method of handling this _____
Your child's response to this _____
12. Special problems (biting, stuttering, thumb sucking, etc.) _____

13. Is your child taking regular medication? _____
If yes, for what reason? _____
14. Body interest and instruction _____
Degree on interest in own body _____
Interest in anatomy or sex difference _____
Interest in human babies. _____
Your attitude in giving information Is _____
15. Tell of any experience your child has had in the past year with death, new baby, remarriage, unpleasant adults, unhappy play, moving, etc. _____

D. PARENTS AND CHILD

1. What do you enjoy most about this child?

Father _____

Mother _____

2. Where do you experience the greatest difficulty?

Father _____

Mother _____

3. Please check any areas of concern you have about your child:

_____ Eating _____ Jealousy _____ Afraid to be dirty

_____ Fears _____ Disobedience _____ Nervous Habits

_____ Speech _____ Bed wetting. _____ Sulking

_____ Coordination _____ Day wetting. _____ Getting along
with adults

_____ Daydreaming _____ Uses baby talk _____ Wants to be
babied

_____ Fighting _____ Nightmares _____ Doesn't
sleep alone

_____ Teasing _____ Lack of concern _____ Restless sleeping
for other children

_____ Temper tantrums _____ Complains of
being sick _____ Destructive

_____ Thumb sucking _____ Nail biting _____ Getting along
with other children

_____ Whining _____ Cries easily _____ Overly neat

3. Can you tell us anything about this child that can help us in these first few months to become truly acquainted?

4. What is your deepest desire for your child this year?

Father: _____

Mother: _____

Signature of persons completing this form:

_____ date _____

_____ date _____