



# Southeast Fountain Elementary School

780 E US Highway 136 • Veedersburg, IN 47987  
Phone: (765) 294-2216 • Fax: (765) 294-3206  
Mr. Darren Haas, Principal • Mrs. Kelli Morgan, Asst. Prin.

## Preschool Student Information Sheet for 2017-2018

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

Parent's Names \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

Who lives with the child? \_\_\_\_\_

Any legal restrictions regarding custody? \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

Pets \_\_\_\_\_

Left or Right Handed \_\_\_\_\_

Does your child use the following at home? (Please circle all that apply)

crayons      scissors      pen/pencil      markers      playdoh      puzzles      finger-paint

books      computer      spoon/fork      balls      blocks      ride tricycle

Favorite toys, books, songs or games \_\_\_\_\_

Please tell us about the things your child enjoys doing \_\_\_\_\_

My child becomes fearful and frightened when \_\_\_\_\_

Special jobs/responsibilities that he/she has at home \_\_\_\_\_

Can your child run without difficulty?      Yes      No

Does your child play well with other children?      Yes      No

Does your child have opportunities to play with other children?      Yes      No

My child is (check one)

\_\_\_\_\_ toilet trained

\_\_\_\_\_ in the process of being trained

\_\_\_\_\_ needs assistance in the bathroom

What terminology does your child use regarding the use of the bathroom?

\_\_\_\_\_

Are there any special concerns for your child concerning the toilet?

\_\_\_\_\_

Please circle the kind of cup your child uses most often?

open cup    straw cup    sippy cup    other \_\_\_\_\_

Can your child point to: (Circle all that apply)

body parts    colors    shapes    numbers    letters

What would you like to see your child learn/do during this school year?

\_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_

\_\_\_\_\_

Are there any special circumstances or concerns we should be aware of? Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information that will help us to know your child better:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_