



www.sefschools.org

Southeast Fountain Elementary School

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Preschool Student Information Sheet

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:
