



## Preschool Orientation Checklist

We would like to get to know your family and your child better! Please complete the following information:

### Describe Your Child's

Personality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal History/Concerns You Have About Your Child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current Sleeping/Nap Schedule

\_\_\_\_\_  
\_\_\_\_\_

### Social Relationships

\_\_\_\_\_  
\_\_\_\_\_

### Health History (Diagnoses, Speech, Hearing, Mental Health, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Meals/Eating Habits (Preferred foods, Are your mealtimes family style or on-the-go, etc)

\_\_\_\_\_  
\_\_\_\_\_

### Toileting

\_\_\_\_\_

### Family Traditions and Customs/Cultural

Practices \_\_\_\_\_  
\_\_\_\_\_

### Family Expectations for Your Child at

Preschool \_\_\_\_\_  
\_\_\_\_\_

### Languages other Than English Spoken in the Home

\_\_\_\_\_

### Ways You Prefer to Communicate with Us

\_\_\_\_\_

### Child's Ethnicity

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_