

LEAPFROG LEARNING CENTER

CONFIDENTIAL STUDENT PROFILE

Child's Name _____ Birthdate _____ Sex _____

Address _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

FAMILY INFORMATION:

Name	Email Address	Occupation
Father _____	_____	_____
Mother _____	_____	_____

Marital Status: ___ Married ___ Separated/Divorced ___ Widowed ___ Single

What is your child's birth position (1st born, 2nd born...) _____ How many siblings _____

Are there other adults living in the household? _____ Relationship to child _____

Has there been any recent changes in the family (death, divorce, new sibling)?

What holidays does your family celebrate? _____

Is this your child's first preschool experience? _____

Is your child toilet trained? _____ If yes, at what age? _____

Are there any potty issues that we should be aware of? _____

At what age did your child start walking? _____ talking? _____

Does your child sleep well? _____

Does your child nap? _____

Does your child have a special diet or any food or non food allergies? Please list medication if needed:

Do you have any concerns about your child's eating habits? _____

Does your child eat well on his own or does he require prompting? _____

What type of play does your child prefer? (Please check as many behaviors as apply.)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> INDOORS | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> QUIET | <input type="checkbox"/> OUTDOORS | <input type="checkbox"/> CRAFTS |
| <input type="checkbox"/> ALONE | <input type="checkbox"/> WITH PEERS | <input type="checkbox"/> WITH ADULT |
| <input type="checkbox"/> DOLLS | <input type="checkbox"/> TRUCKS | <input type="checkbox"/> BLOCKS |
| <input type="checkbox"/> IMAGINARY PLAY | <input type="checkbox"/> MANIPULATIVES | <input type="checkbox"/> DRESS UP |
| <input type="checkbox"/> OTHER: _____ | | |

Which behaviors best describe your child when upset? (Please check as many behaviors as apply.)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> CRIES EASILY | <input type="checkbox"/> TEMPER TANTRUMS | <input type="checkbox"/> BITES |
| <input type="checkbox"/> VERBALLY ABUSIVE | <input type="checkbox"/> WITHDRAWS | <input type="checkbox"/> HITS |
| <input type="checkbox"/> KICKS | <input type="checkbox"/> REGAINS COMPOSURE EASILY | |
| <input type="checkbox"/> OTHER: _____ | | |

What situations might cause your child to become upset? (Please check as many behaviors as apply.)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> SHARING | <input type="checkbox"/> BEING TOUCHED | <input type="checkbox"/> FOOD ISSUES |
| <input type="checkbox"/> SEPARATION ISSUES | <input type="checkbox"/> LIMIT SETTING | <input type="checkbox"/> TOILET |
| <input type="checkbox"/> LOUD NOISES | <input type="checkbox"/> DARKNESS | <input type="checkbox"/> THUNDER |
| <input type="checkbox"/> LIGHTNING | <input type="checkbox"/> OTHER: _____ | |

What is the best way to calm your child when he/she is upset? _____

What is your accustomed method of disciplining your child? _____

What is your usual way of reassuring and rewarding your child? _____

Does your child have any special needs or learning issues that you are aware of?

Has your child had any formal testing? (speech, hearing, special needs, allergies, etc.)

Is there anything else that you would like us to know that would help us to better understand you child?

