

ST. VINCENT DE PAUL PRESCHOOL  
6828 Old Reid Road—Charlotte, NC 28210 ~ 704-554-7088

CONFIDENTIAL INFORMATION SHEET  
2010—2011

1

CHILD'S NAME: \_\_\_\_\_  
Last First Middle

**EMOTIONAL**

1. Please relate any experience which may have caused unusual stress for your child during the past year (i.e., death in family, divorce, new baby, moving, etc.)

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

2. Does your child have any special fears? \_\_\_\_\_ If yes, please list.

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

How do you handle these fears? \_\_\_\_\_

Temper: Frequent Outburst? \_\_\_\_\_ Causes: \_\_\_\_\_

How handled? \_\_\_\_\_

**SOCIAL**

1. Names and ages of siblings: \_\_\_\_\_

Names and ages of neighborhood friends: \_\_\_\_\_

Child's relationship with group: \_\_\_\_\_

Does he/she get along with others? \_\_\_\_\_

Does he/she play with or beside a group? \_\_\_\_\_

Names of pets: \_\_\_\_\_

**SPIRITUAL**

1. Does your child attend church regularly? \_\_\_\_\_

2. Does your child pray at home? \_\_\_\_\_

3. Does your child recognize the name of Jesus? \_\_\_\_\_ Holy Mary? \_\_\_\_\_

4. Do you encourage your child to make the Sign of the Cross when praying? \_\_\_\_\_

(cont'd)

**CONFIDENTIAL INFORMATION SHEET (CONT'D)**

**INTELLECTUAL INTERESTS**

1. What are some of his/her favorite books? \_\_\_\_\_  
\_\_\_\_\_
2. Is TV viewing monitored at home? \_\_\_\_\_
3. What are his/her favorite/most frequently watched TV programs? \_\_\_\_\_  
\_\_\_\_\_

**YOU AND YOUR CHILD**

1. What is the primary language spoken at home? \_\_\_\_\_

How well does your child speak and understand English:?

**Speak**

**Understand**

\_\_\_ very well

\_\_\_ very well

\_\_\_ fair

\_\_\_ fair

\_\_\_ not much

\_\_\_ not much

2. What do you enjoy most about your child?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

3. Where do you experience your greatest difficulty with him/her?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

4. What method of discipline is used when necessary?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

5. Please list any other significant information which would further contribute to a better understanding of his/her needs. \_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL**

1. Is your child indicating a preference to write with his/her right or left hand? \_\_\_\_\_

Does this preference vary? \_\_\_\_\_

2. Does he/she use his/her other hand for other activities? \_\_\_\_\_  
(Writes with right hand, cuts or paints with left hand, etc.)

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_