

### Morning Garden Preschool Pre-Interview Form

Dear Parents,

We strive to meet the needs of all our students. Having an understanding of a child’s background, both personal and educational, will allow us to assess their needs more accurately. In order to determine if we are able to meet your child’s needs while continuing to meet the needs of other students, full disclosure of any assessments or concerns is requested.

***Please send this completed form to the office in advance of your interview.***

The information contained in this document will remain strictly confidential, and is requested in order that the teachers have as complete a picture of your child as possible.

Child’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(MM/DD/YYYY)

Parent(s)’ Names: \_\_\_\_\_

Other members of the household: \_\_\_\_\_

Primary language at home: \_\_\_\_\_

Does your child speak another language at home? If so, please indicate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your care needs:

- CORE PROGRAMS:     2 morning (Thursday/Friday) morning  
                            3 morning (Monday/Tuesday/Wednesday) morning  
                            5 morning

CARE PROGRAMS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Afternoons 12:00-3:30pm Options for afternoon care are 2 afternoons, 3 afternoons or 5 afternoons (matching morning programming).					

**\*We regret that, due to licensing requirements, Extended Care (Before Care and After Care) is NOT available for Morning Garden.**

**Child Profile**

At what age did your child:

Get baby teeth: \_\_\_\_\_ Sleep all night: \_\_\_\_\_ Sit: \_\_\_\_\_

Crawl: \_\_\_\_\_ Stand: \_\_\_\_\_ Walk: \_\_\_\_\_

Use words: \_\_\_\_\_ Use sentences: \_\_\_\_\_ Become weaned: \_\_\_\_\_

Become toilet-trained: \_\_\_\_\_

\*Please note that independent toileting by the first day of school is a requirement.

Please indicate if your child has been assessed in any of the following. Please attach a copy.

- Psychoeducational Assessment
  - Speech & Language Assessment
  - Hearing
  - Eyesight
  - Occupational Therapy
  - Pathways
  - Sensory integration
  - Other Community Organization
- 

Have there been any exceptionalities (delays, challenges, or precociousness) associated with your child’s development? Please explain.

Please record any concerns, observations, or pertinent information regarding (feel free to use back of page if necessary):

- Hearing
  - Speech
  - Eyesight
  - Sense of taste and smell
  - Fine motor
  - Gross motor
  - Co-ordination (falling)
  - Uprightness (floppy, trouble sitting, etc.)
  - Balance (coming to stillness)
  - Persistent Fears
  - Sensitivity to touch/textures (tags in clothing)
  - Other
-

Please indicate and explain any follow up with your family physician regarding these or other concerns.

Did your child experience any physical or emotional trauma (including death of a loved one), serious accident, or operations early in his/her life? If yes, please explain with dates.

Does your child have any medical dietary restrictions or allergies (celiac, anaphylaxis)? If so, please detail. Is your child on any medication? If so, what medications and for what condition?

How many hours does your child sleep without interruption each night? When is bedtime?

What group experiences/programs has your child attended? What was their experience? How were their interactions with other children?

If your child has been in the care of another adult, how was the experience? Is your child able to ask for help? Does your child allow emotional and physical comforting from others?

Are there any challenges that you and your child are currently dealing with?

[Redacted area for response]

Does your child have extreme reactions or “triggers”, e.g., transitions? mealtimes? getting dressed?

[Redacted area for response]

How much time does your child spend with each parent? Other care providers?

[Redacted area for response]

What is your approach to discipline?

[Redacted area for response]

Approximately how many hours per week does your child use any of the following?

TV: \_\_\_\_\_ Computer: \_\_\_\_\_ Video Games: \_\_\_\_\_

Movies \_\_\_\_\_ Smartphone or Tablet: \_\_\_\_\_

Are any changes in your home environment anticipated in the next year?

[Redacted area for response]

How do you anticipate your child will be on the first day/ in the first week of school?

Thank you for taking the time to thoroughly complete this Pre-Interview Form. Your efforts are truly appreciated. This information will help us assess our ability to meet your child's needs. All the information in this document will be treated as strictly confidential. Please let us know if you have any questions about this form.

Sincerely,

*Faculty of Mulberry Waldorf School*