

Pre-K Student Intake Form

1. Student Information

- Student Name (First, Middle, Last) _____
- Student Primary address: _____
- Date of Birth: _____
- Mother name (First, Maiden, Last) _____
- Father name (First, Middle, Last) _____
- Marital Status: Married _____ Divorced _____ Separated _____
- Child lives with: Both Parents _____ Mother _____ Father _____ Other _____
- Siblings (names & ages): _____

2. Family & Home Background

- Who lives in the home with the child? _____
- Primary language(s) spoken at home: _____
- Child's first language: _____
- Siblings (names & ages): _____

- Has your child attended daycare or another Preschool program? ☐ Yes / ☐ No
- If yes, type of daycare/Preschool and name? _____

3. Prior Services

- Has your child ever received the following services:
 - Physical Therapy? When: _____ Where? _____
 - OT? When? _____ Where? _____
 - Speech/Language? When? _____ Where? _____
 - Other (Please explain): _____

4. Strengths & Interests

- What makes your child feel proud? _____
- Favorite activities (toys, games, outdoor play, music, art, books, building, etc.): _____

- Does your child prefer active play or quiet play? _____
- Does your child like to play alone, with one friend, or with a group? _____

5. Daily Routines

- Typical bedtime: _____ Wake-up time: _____
- Nap schedule (if any): _____
- Eating habits (picky eater, favorite foods, restrictions): _____
- Any special family routines important for your child? _____

6. Communication Style

- How does your child express needs (words, gestures, pointing, crying)? _____
- Does your child ask questions often? _____
- Does your child understand simple directions? _____
- Can your child follow two-step directions? _____

7. Emotional/Social Development

- How does your child usually react to transitions (ending play, new activity)? _____
- How does your child usually react to new environments? _____
- How does your child handle separation from parents/caregivers? _____
- How does your child show when they are upset? _____
- What strategies calm your child best? _____

8. Learning Preferences

- Does your child enjoy being read to? ☐ Yes / ☐ No
- Does your child recognize letters, numbers, shapes, colors? ☐ Yes / ☐ No
- Does your child enjoy puzzles, building, problem-solving games? ☐ Yes / ☐ No
- Does your child enjoy writing/drawing? ☐ Yes / ☐ No

9. Motor Development & Learning (if Yes, please explain)

- Bumps into things often: ☐ Yes / ☐ No _____
- Trips and falls often: ☐ Yes / ☐ No _____
- Fearful on the playground: ☐ Yes / ☐ No _____
- Unusual reaction to touch/sound/light: ☐ Yes / ☐ No _____
- Problems with paper/pencil tasks (grip, handwriting, etc.): ☐ Yes / ☐ No _____
- Walked at age: _____

10. Self-Help Skills

- Can wipe self after bathroom use: ☐ Yes / ☐ No
- Washes hands after bathroom use: ☐ Yes / ☐ No
- Feeds self: ☐ Yes / ☐ No
- Dresses self/puts on shoes: ☐ Yes / ☐ No
- Picks up toys and puts them away: ☐ Yes / ☐ No
- Throws trash in trash can: ☐ Yes / ☐ No
- Speaks respectfully to adults/uses manners: ☐ Yes / ☐ No
- Significant delays with: feeding / dressing / toilet training / other: _____

11. Attention & Focus

- Easily distracted: ☐ Yes / ☐ No
- Short attention span: ☐ Yes / ☐ No
- Darts from one task to another: ☐ Yes / ☐ No
- Difficulty with changes in routine: ☐ Yes / ☐ No
- Can remain focused on activities they enjoy: ☐ Yes / ☐ No
- Other notes: _____

12. Behavior & Socialization

- Consistently shows interest in playing with others: ☐ Yes / ☐ No
- Rarely looks at people: ☐ Yes / ☐ No
- Becomes upset in group settings: ☐ Yes / ☐ No
- Gets stuck on one idea/object/activity and becomes upset if asked to change: ☐ Yes / ☐ No
- Appears to be in their own world: ☐ Yes / ☐ No
- Shows tantrums: ☐ Yes / ☐ No
- Has difficulty accepting limits: ☐ Yes / ☐ No
- Refuses to comply with requests: ☐ Yes / ☐ No
- Aggressive toward others: ☐ Yes / ☐ No
- Easily frustrated: ☐ Yes / ☐ No
- Other notes: _____

13. Health & Safety

- Allergies (food, seasonal, environmental, medications): _____
- Dietary restrictions (be specific): _____

- Any sensory sensitivities (sound, light, clothing textures, crowded spaces)? _____
 - If yes, please explain: _____
- Current medications or medical needs: _____

14. Parent Goals & Concerns

- What are your main hopes for your child this school year? _____
- What concerns do you have (academic, social, emotional, behavioral)? _____
- How do you prefer teachers to communicate with you? (phone, email, app, in person) _____
- Is there anything else you want us to know about your child?