



## SOCIAL HISTORY 2018-2019

This form is used by the teacher to assist in evaluating the child's needs. This confidential form can be saved as a pdf and emailed to [admissions@wpelc.org](mailto:admissions@wpelc.org) or can be sealed in an envelope and labeled "Social History" with your child's name.

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age at  
Sept 1<sup>st</sup>: \_\_\_\_\_

Class: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Please list all siblings in order of birth:

Name	Birth Date	Age	Did they attend WPELC?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any others living in the home (grandparent, cousin, etc.). Would they like to visit class?

Name	Relationship	Age	Visit? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____

In addition to parents and guardians, list significant others, including those who provide care for this child (babysitter, relatives, day care, etc.). Would any of these individuals like to visit during class?

Name	Relationship	Age	Visit? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____

List any pets in the home: \_\_\_\_\_

Detail any social or emotional experiences you feel the teacher needs to be aware of, such as a death in the family, divorce, accident or illness, hospitalization, move, adoption, separation from parents/guardians for extended period of time, etc.:

\_\_\_\_\_

\_\_\_\_\_

Did you child have any complications at birth, such as premature birth, failure to thrive, respiratory difficulties, etc? Are there any developmental delays as a result?

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\_\_\_\_\_

Has your child ever had any difficulties in hearing or vision?

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Does your child have any speech difficulties?

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Does your child have any physical difficulties or limitations?

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Are there any developmental areas in which your child needs special help or encouragement?

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Does your child have any behaviors you would like to change, such as thumb sucking, biting, hitting, anger management, etc.?

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Does your child have any allergies? If your child has a specific food allergy, list a few suggestions for snacks. If your child has allergies to animals, specify contact limitations.

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What discipline do you feel works best for your child?

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What are some of your child's interests?

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What are some of your family's favorite activities?

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What are some of your child's fears?

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How does your child separate from you?

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What is your child's comfort level with integrating into a new group?

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Has your child had any previous formal group experience such as childcare, play group, etc.?

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Does your child easily tire or become excited?

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What specific activities would you as a helping parent like to share with the children such as woodworking, painting, weaving, baking, playing musical instruments, dancing, gardening, etc.?

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Does your family have any customs or traditions that you would like to share with the class?

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What do you hope this preschool experience will provide for your child?

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What else would you like the teacher to know about your child?

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