



Good Shepherd Early Childhood Center

25 North Broadway
Irvington-on-Hudson, New York 10533
(914) 591-4104

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FOR SCHOOL YEAR: **2018-19** **2019-20** **2020-21** *circle one*

CHILD'S HISTORY RETURNING STUDENTS

Child's Name _____ Gender _____

Nickname, if any _____ Date of Birth _____

Has any parental information changed, i.e. address, employer, etc.? _____

Are there any updates regarding your child's life, i.e. new sibling, new caregiver, etc.?

PLAY AND SOCIAL EXPERIENCES

Child's favorite indoor activities _____

Child's favorite outdoor activities _____

Does your child play alone? _____

Does your child play in groups? _____

If yes, how? _____

How does your child share toys? _____

How does your child handle conflict? _____

How do you respond? _____

What do you do together as a family? _____

(OVER)

SETTING LIMITS

How do you provide structure, at home, for your child?

What techniques do you use to discipline/are they effective?

What goals/expectations do you have regarding your child's school experience?

Are there any cultural or linguist variances that you would like us to be aware of or would like to share in the classroom?

Do you have any concerns about your child's development?

Is your child receiving special services? Please explain.
