

Hershey Early Childhood Center Kindergarten Profile

This section for Office Use Only

A.M.

P.M.

Speech - if your child has had prior speech services or if you are concerned about your child's speech.

ESL – if you have concerns about your child's understanding of the English language.

Last Name	First Name	M.I.	D.O.B. ____-____-____
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Address:	<u>Phone Numbers</u> Home: Work: (mother) (father) Cell: (mother) (father)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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My child attended Preschool for at least 6 months Yes No

Please list Preschool, Daycare, Headstart, or Intermediate Unit Program attended:
_____ or check Did not attend

Do you give DTSD permission to contact the above? Yes No

If you wish, attach a copy of your child's Preschool evaluation. Attachment

Please list any information from the program listed above:

Please list your child's strengths and weaknesses:

<u>Strengths</u>	<u>Weaknesses</u>
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Are there any significant delays in developmental milestones? (walking, talking, etc.) Yes No

Please explain:

Please list below any medical concerns for your child (i.e., asthma, seizures, chronic respiratory conditions, chronic GI conditions, feeding issues, impaired mobility &/or activity restrictions/limitations, etc.)	Please list below any severe allergies (i.e., food, bee sting, etc.) Does your child have an EpiPen for emergency use?
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Do you think your child has difficulty hearing or seeing? Yes No

Was your child born prematurely? Yes No

TEACHER AND TRANSPORTATION REQUESTS SHOULD BE SUBMITTED UNDER SEPARATE COVER.