

**SHIRLEY R. ABELSON ALEPH PRE-SCHOOL  
TODDLER/TRANSITION INTAKE FOR 2010/11**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Nickname \_\_\_\_\_  
\_\_\_\_\_ M or F (circle) Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Father's

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_ Pager(\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Place of Employment \_\_\_\_\_ Mother's Name \_\_\_\_\_

\_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Work(\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_ Pager(\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Place of Employment \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_

Both parents at home? \_\_\_\_\_ Single parent at home? \_\_\_\_\_ Other? \_\_\_\_\_

Other adults at home? \_\_\_\_\_ Relationship to child \_\_\_\_\_

Children in family: Names and ages \_\_\_\_\_

Discipline: Methods used at home \_\_\_\_\_

What is child's reaction when he/she does not get what he/she wants? \_\_\_\_\_

\_\_\_\_\_ Is this your child's first  
experience away from home? \_\_\_\_\_ If not, where has he/she attended? \_\_\_\_\_

\_\_\_\_\_ Persons to be called in case of an emergency

other than parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**PERSONS NOT AUTHORIZED TO PICK MY CHILD UP**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Child's health needs if any: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

-OVER-

**DEVELOPMENTAL HISTORY**

How do you comfort your child? \_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_ What are

your child's favorite activities? \_\_\_\_\_ My child is a: \_\_\_\_\_

Good eater \_\_\_ Poor eater Comments on eating habits: \_\_\_\_\_

My child is a: \_\_\_ Good sleeper \_\_\_ Poor sleeper Comments on sleeping habits: \_\_\_\_\_

My child likes to sleep with a: \_\_\_ Special blanket \_\_\_ Pacifier \_\_\_ Favorite stuffed toy

My child: \_\_\_ Is potty trained \_\_\_ Is working on potty training \_\_\_ Shows no interest in potty training

### **SOCIAL AND EMOTIONAL DEVELOPMENT**

1. Participation in play: \_\_\_\_\_ Just watches \_\_\_\_\_ Eager to participate
2. Interaction with other children (play): \_\_\_\_\_ Just watches \_\_\_\_\_ Plays by self \_\_\_\_\_ Likes to play with others
3. Sharing toys and protection of personal rights:  
\_\_\_ passive (lets others take toys)  
\_\_\_ cries, but does not defend rights  
\_\_\_ physically defends rights  
\_\_\_ uses words to defend rights

### **LANGUAGE DEVELOPMENT**

1. Imitates sounds: \_\_\_\_\_ does not imitate \_\_\_\_\_ makes attempt \_\_\_\_\_ forms clear speech sounds
2. Language: \_\_\_\_\_ none \_\_\_\_\_ a few single words \_\_\_\_\_ combines 2 words with meaning  
\_\_\_\_\_ uses 3 word sentences \_\_\_\_\_ full sentences
2. Demonstrates understanding by : \_\_\_\_\_ visual response \_\_\_\_\_ verbal response \_\_\_\_\_ no response
3. Follows simple direction: \_\_\_\_\_ Not at all \_\_\_\_\_ Occasionally \_\_\_\_\_ Always

Comments: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_