Our Lady of the Lake School
175 East 200th Street
Euclid, Ohio 44119
phone 216-481-6824
fax 216-481-9841

Our Lady of the Lake Preschool

Child's name_____ Birthdate_____
Age____ First Middle Last
Address_____
Phone Numbers_____ School Zone_____
Child's Social Security Number_____
SSI _____Yes _____No

I. DEMOGRAPHIC INFORMATION

Mother's Name (or female guardian if different) Father's Name (or male guardian if different)

_____

Age_____ Age_____
Occupation_____ Occupation_____
Employer_____
Employer_____
Marital Status_____ Marital
Status_____

LIST BROTHERS AND SISTERS: (Use additional sheet if necessary)

Name	Age	Sex	Living at Home
_____	_____	_____	Yes____ No____
_____	_____	_____	Yes____ No____
_____	_____	_____	Yes____ No____
_____	_____	_____	Yes____ No____

LIST OTHER PERSONS WHO ARE CURRENTLY LIVING IN THIS HOME:

Name	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

With whom does the child reside?_____
What is the child's home language?_____

II. AREAS OF CONCERN (Check all that apply)

___Behavioral/emotional ___Slow development ___Speech difficult to understand
___Immature language usage ___Vision problems ___Slow motor development
___Listening ___Uneven development ___Health/medical
___Other_____

III. MEDICAL INFORMATION

Does the student have frequent illnesses (e.g., allergies, ear infections, PE tubes, seizures)?
_____Yes _____No If yes, please explain:_____

_____

Does the child have any other medical problems? _____Yes _____No If yes, please explain:____

_____

Does the child regularly take medication? _____Yes _____No If yes what medication(s), dosage and frequency?_____

_____

Why?_____

Does the child wear glasses or have vision problems? _____Yes _____No
If yes, please explain:_____

Does the child appear to hear well? _____Yes _____No
Does the child have hearing aids? _____Yes _____No

IV. DEVELOPMENTAL HISTORY

Motor Development (List appropriate age)
Crawled_____ Walked alone_____ Toilet trained_____ Fed self with a spoon_____

Speech and Language (List appropriate age)
Spoke first words_____ Used two word sentences_____Spoke in complete sentences_____

___Yes ___No Does your child communicate primarily using gestures?
___Yes ___No Does your child communicate primarily using speech?
___Yes ___No Is your child's speech difficult for others to understand?
___Yes ___No Does your child have difficulty following directions?
___Yes ___No Does your child answer questions appropriately?

Social Development
What opportunities does your child have to play with other children of his/her age?_____

_____

What play activities does your child enjoy?_____
Does s/he play primarily alone?____With other children?____Does s/he enjoy pretend play?_____
Do you have concerns about your child's behavior?_____If yes, please explain:_____

_____

V. PRESCHOOL HISTORY

Preschool or daycare programs attended
Name_____ Address_____ Dates_____
Name_____ Address_____ Dates_____
List any special services from a school or other agency that the child has received in the past (i.e, speech therapy, physical therapy, Children's Special Services at Health Department, counseling, etc.)

Type of Service_____ Dates_____ School/Agency_____
Type of Service_____ Dates_____ School/Agency_____

Completed by:_____ Date completed:_____

Signature(s):_____