



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): _____