



Ridgeland School District 122  
**Preschool Family Information Form**

The information you provide on this form is strictly confidential. This information is important because it helps give us a picture of the whole child when we are considering referral or placement options. Thank you for your cooperation.

Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's FULL Name: \_\_\_\_\_

**MOTHER'S INFORMATION**

Highest Grade Completed: \_\_\_\_\_ Are you currently employed? ☐ Yes ☐ No

Place of Employment: \_\_\_\_\_

**FATHER'S INFORMATION**

Highest Grade Completed: \_\_\_\_\_ Are you currently employed? ☐ Yes ☐ No

Place of Employment: \_\_\_\_\_

**Please check any of the agencies your family is/has been involved with:**

- |                                                          |                                                                    |                                                             |
|----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Preschool for All (Pre-K)       | <input type="checkbox"/> Public Aid (IDPA)                         | <input type="checkbox"/> Drug and/or Alcohol Rehabilitation |
| <input type="checkbox"/> Head Start                      | <input type="checkbox"/> Dept of Children & Family Services (DCFS) | <input type="checkbox"/> WIC                                |
| <input type="checkbox"/> Birth to 3 Program              | <input type="checkbox"/> EI/ CFC/ Easter Seals                     | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Private Preschool               | <input type="checkbox"/> Department of Corrections                 |                                                             |
| <input type="checkbox"/> Alternative Education Placement | <input type="checkbox"/> Social Security                           |                                                             |

List names of all people living in the household:

Name	Relationship	Age

Has anything happened that may be influencing your child’s development? ☐ Yes ☐ No

Example: Divorce, Separation, Relocation, New Baby, Death, etc.)

If yes, explain: \_\_\_\_\_

Developmental Background

Family Doctor:			
Was this child premature?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how early? _____	
Child’s birth weight:	_____ lbs. _____ oz.		
Were there any complications or difficulties during pregnancy and/or birth of this child?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please explain: _____			
Was this child exposed to drugs or alcohol before birth?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
(Including prescription drugs taken by the mother during pregnancy)			
Is the child on medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, why and what medication? _____	
Is the child prone to ear infections?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the child had an ear/ hearing exam?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when? _____	
Where: _____	Results: _____		
Has the child had an eye exam?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when? _____	
Where: _____	Results: _____		
Is there a history of any serious health problem in your family?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain: _____			
This child began walking at _____ months.			
Is the child toilet trained?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how old was the child? _____	
At what age did the child begin speaking? _____			

**Do you notice or has a doctor reported any of the following in this child?**

- ☐ Asthma
- ☐ Epilepsy (Seizures)
- ☐ Allergies
- ☐ Headaches
- ☐ Diabetes
- ☐ Medical Problems

Please list: \_\_\_\_\_

**Is there anything else you would like us to know? Concerns?**

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