

**Building Blocks Early Childhood Center & Preschool  
Personal Background & Helpful Information**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Child's preferred name (if your child does not have a nickname, state "none") \_\_\_\_\_

Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Is your child showing preferences toward using his/her right or left hand? \_\_\_\_\_

Does your child have imaginary playmates? If yes, list names & describe. \_\_\_\_\_

\_\_\_\_\_

What are the first names, ages and genders of your child's most frequent companions/playmates:

\_\_\_\_\_

Describe your child's favorite activities, books, toys, and games.

\_\_\_\_\_

Does your child have any fears of which others should be aware? \_\_\_\_\_

\_\_\_\_\_

Does your child dress independently? \_\_\_\_\_

What type of play would you describe as being your child's favorite? \_\_\_\_\_

\_\_\_\_\_

Describe the method that you find most effective in correcting/modifying your child's behavior.

\_\_\_\_\_

How does your child respond to different adults? \_\_\_\_\_

\_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child need assistance going to the bathroom? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child attached to any special toys, blankets, pacifiers, people, etc.? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_