

# Parental Student Screening Form

Filling out this form helps staff at Starshine Preschool get a better understanding of your child's emotional and developmental standing. This information helps us prepare and set your child up for success.

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

Child's age: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Please list any allergies your child has:

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Please list any medication your child may need while in our care:

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Check all statements that are true/may be true for your child:

- Is not potty trained
- Seems to have speech/language delays
- Has lots of energy
- Has short attention span
- Seems clumsy when walking or running
- Needs assistance to manipulate small objects

If necessary, elaborate on the above statements:

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OPTIONAL: Have there been any big, life changes that may play into any behavior we may see from your child? (ex; divorce, birth of a child, death in the family, relocation, etc)

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