



# CUPEYVILLE SCHOOL

Licensed by: General Council of Education of Puerto Rico Accredited by: Middle States Association - C.A.D.I.E.

Child's Name:

Last Name	Mother's Maiden Name	First Name	Middle Name
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Please check if applicable to your child:

- |   |  |
|---|--|
| <input type="checkbox"/> Toilet Trained           | <input type="checkbox"/> Cries Easily                          |
| <input type="checkbox"/> Feeds Self               | <input type="checkbox"/> Speaks Understandably                 |
| <input type="checkbox"/> Needs Help Feeding Self  | <input type="checkbox"/> Speech Impediment (explain below)     |
| <input type="checkbox"/> Eats Almost All Foods    | <input type="checkbox"/> Seldom Speaks                         |
| <input type="checkbox"/> Eats Very Few Foods      | <input type="checkbox"/> Speaks in Sentences                   |
| <input type="checkbox"/> Loses Temper Easily      | <input type="checkbox"/> Is Afraid of New Tasks and Situations |
| <input type="checkbox"/> Overactive               | <input type="checkbox"/> Is Overly Aggressive                  |
| <input type="checkbox"/> Timid and/or Shy         |  |
| <input type="checkbox"/> Plays Well with Others   |  |
| <input type="checkbox"/> Is "Picked on" by Others |  |
| <input type="checkbox"/> Initiates Own Actions    |  |
| <input type="checkbox"/> Follows Instructions     |  |
| <input type="checkbox"/> Cares for Own Property   |  |
| <input type="checkbox"/> Is Attentive             |  |
| <input type="checkbox"/> Has Many Interests       |  |
| <input type="checkbox"/> Has Few Interests        |  |
| <input type="checkbox"/> Has Many Fears           |  |

My child would benefit from:

- Improving Adjustment to Other Children
- Becoming Less Active
- Becoming More Active
- Becoming Cooperative
- Acquiring Manual/Motor Skills
- Becoming Self-Reliant

In which skill(s) do you feel your child need(s) the most help? \_\_\_\_\_

What are your priorities in relation to your child's Pre-School experience? \_\_\_\_\_

Helpful comments concerning your child: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PRE-SCHOOL STUDENT INFORMATION