

Lutherville-Timonium Recreation Council
COOPERATIVE TOTS PRESCHOOL
Leader's Survey

The following information will help the teachers know your child better and foster his/her comfort and growth in preschool.

Child's Name: _____ Nickname: _____
Date of Birth: _____ Right or Left Handed: _____

Mother's Occupation: _____
Father's Occupation: _____

Has your child experienced any serious accident, illness, operation or hospitalization?

EMOTIONAL BEHAVIOR

Fears (history and manifestations): _____

Are there any family situations (divorce, illness, separation, death of parent) that you feel we should be aware of? _____

CHARACTERISTIC BEHAVIOR (circle appropriate ones):

Calm	Excitable	Easily Angered	Anxious	Happy
Cooperative	Friendly	Shy	Fearful	Aggressive

What previous group experiences has your child had? _____

Playmates: Number _____ Ages _____

Siblings: (Name & Age) _____

Favorite Play Activities: _____

Special Experiences and Interests: _____

If there are any specific problems or concerns you would like to talk over, please describe them on the back side of this form. Thank You!

Parent Signature _____