



POLITZ
Day School of Cherry Hill
Caskey Elementary School
Konig Middle School

EARLY CHILDHOOD PARENT ASSESSMENT FORM

CHILD'S NAME: _____ **CHILD'S HEBREW NAME:** _____

DATE OF BIRTH: _____ **APPLYING FOR THE 20**____ **- 20**____ **SCHOOL YEAR**

Has your child been in a preschool or daycare setting before? No Yes

If yes, where? _____

EATING

Does your child have any food allergies? No Yes If yes, please describe. _____

What does your child use to drink? Bottle Sippy Cup Regular Cup Other

SLEEPING

Does your child nap? Yes No How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or pacifier? Yes No

Does your child sleep in a bed? Yes No Does your child sleep in a crib? Yes No

TOILETING

Does your child wear diapers? Yes No Does your child use a potty or the toilet? Yes No

Does your child need regular reminders to use the bathroom? Yes No

How does your child let you know it's time "to go?" _____

DEVELOPMENT

Do you have any concerns about your child’s development? Yes No

- Hearing Vision Language Gross Motor
- Fine Motor Social Sensory Other

What is your child’s primary spoken language? _____

Please list any other languages spoken with your child. _____

SOCIAL AND EMOTIONAL ASSESSMENT

Is your child comfortable in group situations? Yes No

What types of activities does your child enjoy? _____

Are there any activities your child avoids? _____

What frightens your child? _____

What soothes your child? _____

Please check all items that describe your child.

- Eats and drinks independently
- Independent with toileting needs
- Speech is easily understood by unfamiliar adults
- Can follow basic directions
- Takes turns with minimal assistance
- Dresses self except shoes
- Verbally interacts with peers in a play setting
- Responds to simple questions
- Speaks in sentences

Parent / Guardian Signature

Printed Name

Date

Please contact the Admissions Office at 856-667-1013 or admissions@politz.org with any questions.