

My Personal History Form

My full name is: _____ But, you can call me: _____

I was born on: _____

You should know that I am allergic to: _____

I am on special medication called: _____, and I take it for _____

Here are some tips from my parents (please circle):

Naps on weekends. (yes or no)

Goes to the bathroom alone. (yes or no)

Chooses own clothes to wear. (yes or no)

Dresses self. (yes or no)

Special problems with speech, vision, hearing, eating, and/or health. (yes or no)

Previous group or preschool experience. (yes or no)

Special attachments (blanket, toy, thumb, etc.). (yes or no)

Sometimes I am afraid of: _____

My discipline procedure is: _____

My parents have this special concern about me: _____

I love my pets! They are: _____ and their names are: _____

I also have brothers and sisters (yes or no). Their names and ages are: _____

My favorite toys and activities are: _____

My usual reaction to new situations is: _____
