Hershey Early Childhood Center
Kindergarten Profile

THIS SECTION OFFICE USE ONLY: ☐ **WAIVER REQUEST SUBMITTED**

☐Speech - if your child has had prior speech services or if you are concerned about your child's speech.

☐ ESL – if you have concerns about your child's understanding of the English language.

☐ Early Intervention Services – if your child has been receiving Early Intervention Services.

Last Name	First Name	M.I.	D.O.B. ____-____-____

Address:	Phone Numbers Home: Guardian/Mother: (work) (cell) Guardian/Father: (work) (cell)	Sex: ☐ Male ☐ Female

My child attended Preschool for at least 6 months ☐ Yes ☐ No
My child attended Daycare ☐ Yes ☐ No

Please list Preschool, Daycare, Headstart, or Intermediate Unit Program attended:
_____ or check ☐ Did not attend

Do you give DTSD permission to contact the above? ☐ Yes ☐ No

If you wish, attach a copy of your child's Preschool evaluation. ☐ Attachment
Please list any information from the program listed above:

Please list your child's strengths and weaknesses:

Strengths ***Weaknesses***

Are there any significant delays in developmental milestones? (walking ,talking, etc.) ☐ Yes ☐ No
Please explain:

Please list below any medical concerns for your child (i.e., asthma, seizures, chronic respiratory conditions, chronic GI conditions, feeding issues, impaired mobility &/or activity restrictions/limitations, etc.)	Please list below any severe allergies (i.e., food, bee sting, etc.) Does your child have an Epipen for emergency use?

Do you think your child has difficulty hearing or seeing? ☐ Yes ☐ No

Was your child born prematurely? ☐ Yes ☐ No

***TEACHER AND TRANSPORTATION REQUESTS SHOULD BE SUBMITTED* UNDER SEPARATE COVER.**