



5. Has your child ever attended preschool or daycare (or both)?      Yes\*      No

*\*If yes, BSS Teacher/Childcare Provider Comment Form must also be completed.*

Name(s) of preschool/daycare/childcare provider: \_\_\_\_\_

***Please take a moment to reflect on your child’s development and share with us this helpful information. Thank you.***

<b>Does your child:</b>	<b>Regularly</b>		<b>Sometimes</b>		<b>Not Observed</b>
	1	2	3	4	5
Spontaneously show affection for familiar people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact nonverbally with others (smiles, waves, nods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the concept of mine, his, or hers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take turns when playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate from parent without crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the capacity to empathize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express frustration appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak clearly enough for most non-family members to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate needs and wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow multi-step instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have experience playing with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialize well with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demand a lot of adult attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has your child ever received or been recommended for any support services? If yes, please indicate what services were provided or recommended (e.g. academic support, tutoring, counseling, speech, occupational or physical therapy etc.)

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7. Are you aware of any accommodations that your child may need?

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8. Why might Blessed Sacrament be the right school for your child?

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9. Has your child been dismissed or withdrawn from any preschool or day care facility? If yes, please explain the circumstances.

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10. Is there anything else you would like Blessed Sacrament School to know about your child?

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Name: \_\_\_\_\_  
Printed Name

Signature: \_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_



