



PARENT OBSERVATIONS



Mt. Juliet Christian Academy

735 N. Mt. Juliet Road

Mt. Juliet, TN 37122

615-758-2427

www.mjca.org

Child's Name _____
Last First Middle "Likes to be called"

Parent(s) Name(s) _____

Address _____
Street City State ZIP

Child's Previous Preschool – Childcare – Homecare Experiences:
(Please list all and dates attended. Do not include relatives.)

If this is a 3 year old, can the child hold and drink from a regular cup and feed him/herself? (It is understood that all 4 year old children have developed this skill.)

- Yes No

What expectations do you have for your child regarding separation anxiety?

Please detail your child's toilet training experience and the age at which he/she was fully toilet trained. (Pull ups are not considered toilet trained.)

Your child can pull his/her clothes up and down by themselves:

- Yes No

If no, please explain: _____

Describe your child's attention span when listening to a story being read or verbal directions from an adult.

- 2 minutes 5 minutes Over 5 minutes

Comments: _____

Does your child have any unusual habits or mannerisms that distract him/her from the task at hand?

Is your child generally happy and willing to interact with other children/adults?

Describe your child's verbal abilities and tell about any speech irregularities.

Is your child on any medication? Yes No

If yes, indicate the type and reason for the medication.

Check all behaviors which generally apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> attentive | <input type="checkbox"/> inattentive |
| <input type="checkbox"/> compliant | <input type="checkbox"/> defiant |
| <input type="checkbox"/> outgoing | <input type="checkbox"/> shy |
| <input type="checkbox"/> does not cry easily | <input type="checkbox"/> cries easily |
| <input type="checkbox"/> attention seeking | <input type="checkbox"/> show-off behavior |
| <input type="checkbox"/> not unusually active | <input type="checkbox"/> constantly in motion or talking |
| <input type="checkbox"/> self-confident | <input type="checkbox"/> less self confident |

Is there any other information about your child that you would like to share or feel that it would be important for administration and faculty to be aware of?

The above statements are true to the best of my knowledge.

Parent signature: _____

Date: _____