



Highland Christian School's

Sonshine Enrichment Center - Parent Assessment of Child

Please complete this form for each child who is registering in the Sonshine Enrichment Center and return it to the HCS office with your registration form.

Child's Name _____ Circle Gender: Male Female

Date of Birth _____

1. Please indicate your preference concerning the following:
 - a. What name do you want us to call your child at school? _____
 - b. How would you like to have your child write his/her name at school? _____
2. Does your child use his left hand or his right hand to cut, color, eat, etc?
_____ prefers right _____ prefers left _____ uses both hands
3. Has your child done any cutting? _____ coloring? _____ painting? _____ gluing? _____
4. Does your child have any physical, mental, or emotional difficulties which receive special attention?
Explain: _____

5. Does your child have any speech defect? No _____ Yes _____
Explain: _____

6. Has your child experienced any traumatic situations? No _____ Yes _____
Explain: _____

7. Does your child respond to authority with an accepting spirit? _____

8. How does he react when corrected? _____

9. What form of discipline works well with your child at home? _____

10. Is your child looking forward to pre-school this fall? _____
11. What are you hoping your child will gain from attending pre-school this year? _____

12. Do you (as parents) have any interest, hobby, job, etc. that would be fun to share with the children?
E.g. police officers, doctors, nurses, butchers, veterinarians, florists, postmen, bakers, physical therapists, chefs, artists, musicians, hygienists, dentists, firemen, missionaries, pastors, etc.
Mom? _____
Dad? _____
Do you know someone else who would be willing to share with us?
Name _____ Name _____