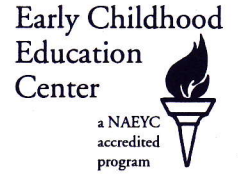


ASSOCIATED
STUDENTS
INC, SFSU



Preschool Needs and Services Plan

Child _____ Nickname _____ DOB _____

Parents:

We ask that you revise this form each year and then discuss the information with your child's Head Teacher. It is important that the staff are aware of your child's development so they can anticipate what will be appropriate to make his/her time at the Center enjoyable and successful. Please read and answer the four questions.

1. How is your child currently doing with toilet learning?

2. How do you carry on this process at home? i.e. ask child or take to potty at specific times, special words, special habits, etc.

Licensing requires that we must carry out a "quiet" time in the afternoon. Many preschoolers no longer take naps so two options have been offered. Every child lies quietly on a mat for 30 minutes and some nap while others are "resters." Be advised that we do not force children to go to sleep *or* make them stay awake. Your child's development needs will determine what happens during this time.

3. What is your child's napping/resting habit at home? If he/she naps are any special words or security item necessary?

4. Any special requests or concerns you would like to share about your child?

_____ Date

_____ Parent Signature

_____ Head Teacher Signature