

Child's name: _____

Brothers and sisters of child:

Date of birth:

Name: _____

Name: _____

Name: _____

Please list any other relatives living in the same home as child attending: _____

Parents Marital Status _____ If single, will 2 sets of information be needed? _____

How will the second set be obtained by the other parent? _____

SPEECH DEVELOPMENT

Does your child have any speech problems? _____

HEALTH HISTORY

Does your child have any allergies? _____ If so, to what? _____

Asthma _____ Hives _____ Vegetarian? _____

Eating problems _____

PHYSICAL DEVELOPMENT

List any particular difficulties/developmental lags/premature birth/ special concerns: _____

Does your child favor his/her right or left hand? _____

SOCIAL & EMOTIONAL DEVELOPMENT

What are your child's favorite play activities? _____

Characterize your child's interactions with siblings and/or peers: _____

What are your child's greatest strengths? _____

Are there any aspects of your child's social and emotional development that are of concern to you?

GENERAL INFORMATION

What traditions do you celebrate in your home? _____

Which holidays are celebrated in your home? _____

Do you speak a second language? _____ If so, which: _____

What discipline methods do you use? Examples: time out, counting, etc. _____

What would you most like us to know about your child? _____

What do you most want your child to learn in our program? _____

Comments: _____
