

## Child's Personal Information

Teacher: \_\_\_\_\_

**Dear Parents: Please be very thorough in completing this form to help us know and understand your child so that we can work together more constructively. This information is confidential and will be made available only to those working directly with your child.**

Name of child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_

Previous school experience: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hobbies/Talents that can be shared with the class: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hobbies/Talents that can be shared with the class: \_\_\_\_\_

List names of family members who live at home. Please include ages of brothers and sisters. \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Native Language: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Child understands English: fluently ( ), somewhat ( ), poorly ( )

Religious Preference: \_\_\_\_\_ Name of church you attend: \_\_\_\_\_

Is there any deviation in family life? (Divorce, parent away for long periods, serious illness, etc.) \_\_\_\_\_

Is your child with a babysitter or other childcare on a regular basis? \_\_\_\_\_

Does your child participate in any other group activities such as Sunday School, gymnastics, sports, etc.?  
\_\_\_\_\_

Does your child play with children who are the same age, older, or younger? \_\_\_\_\_

How many hours a day does he/she watch T.V.? \_\_\_\_\_ Favorite Programs: \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

Describe your child's disposition (sunny, serious, moody, sensitive, etc.) \_\_\_\_\_

Does he/she cry easily? \_\_\_\_\_ If so, how do you handle this? \_\_\_\_\_

If your child has temper problems, how is this handled? \_\_\_\_\_

Does your child get along well with family members? \_\_\_\_\_ With playmates? \_\_\_\_\_

*Form #1: DBP Child's Personal Information 2009 - 2010*

Does your child have any fears such as nighttime, monsters, sirens, etc.? \_\_\_\_\_

How many hours does he/she sleep at night? \_\_\_\_\_ Does he/she nap? \_\_\_\_\_

Are there any sleeping problems? \_\_\_\_\_ Does your child have a good appetite? \_\_\_\_\_

What is your child's best meal? Circle one: Breakfast Lunch Dinner

List all childhood diseases and/or serious illnesses your child has had \_\_\_\_\_

List any allergies \_\_\_\_\_

List any operations your child has had \_\_\_\_\_ Dates: \_\_\_\_\_

Are there any physical disabilities (sight, hearing, speech, motor, etc.)? \_\_\_\_\_

Does your child show a hand preference? \_\_\_\_\_ Right \_\_\_\_\_ or Left \_\_\_\_\_

What, if any, special help does your child need? Please explain (Discipline, attitude toward adults, association with other children, developing independence, speech, etc.)

Has your child ever been referred to, evaluated by, or scheduled to be evaluated by Babies Can't Wait, DeKalb Co. Coralwood, etc. Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

Has your child ever had Speech, Physical, or Occupational Therapy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

What are your goals for your child this school year?

Please feel free to discuss anything else that will help us better understand your child.