

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. _____

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? _____

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

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

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.

