

To the Parent:

Please read through this form and respond to all items as carefully as you can. You are an important source of information about your child. We very much appreciate the answers and comments only you can provide. This form has four parts that ask for information about your child:

Part 1: Personal background information about your child.

Part 2: Health information about your child.

Part 3: Self-Help Development about your child's ability to care for himself or herself.

Part 4: Social Development about how your child behaves with other people.

Thank you for your help.

Child's Given Name \_\_\_\_\_

Nickname child prefers: \_\_\_\_\_

Birthdate \_\_\_\_\_ Male Female

This form was filled out by \_\_\_\_\_ Mother Father Other (please specify relationship)

Name of person filling out form	Date
Child's Physical Address	
Phone Numbers: Home _____ Work _____	
Cell _____ Other _____	

### Part 1. Personal Information

This part is for you to give information on your child's personal and medical history. Include anything that you think may have been important to your child's development.

Who does the child primarily live with (circle all that apply)

Mother Father Stepmother Stepfather Grandmother Grandfather Other relative (specify)

Language (Dominant) spoken at home \_\_\_\_\_ other \_\_\_\_\_

### School History

Has your child attended a preschool or daycare? Yes No How many years \_\_\_\_\_

If yes, include the name of preschool or daycare:

\_\_\_\_\_

Preschool or Daycare Contact person's name

\_\_\_\_\_ Phone \_\_\_\_\_

May we have permission to contact the previous teacher or daycare provider? (circle one)

Yes No Signature

\_\_\_\_\_

**Home Circumstances**

How often have you moved in the last 3 years? \_\_\_\_\_

Have any of the following occurred?

Parents separated or divorced: Yes No When? \_\_\_\_\_

A death or other major loss Yes No When? \_\_\_\_\_

Other major events that may have impacted your child

\_\_\_\_\_

When not at school, what types of activities does your child choose to do that provide exercise?

\_\_\_\_\_

What are her/his special interests? \_\_\_\_\_

What characteristics best describe your child's personality? (Please circle all that apply)

Confident    loud    restless    anxious    aggressive    uncertain    quiet  
calm    shy    sensitive    withdrawn    happy    independent

**Part 2. Health Information**

Was pregnancy full-term? Yes No / If no, how many weeks? \_\_\_\_\_

Were there any complications during pregnancy, labor, or delivery? Yes No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized? Yes No

Specify issue \_\_\_\_\_ Dates \_\_\_\_\_

Child's major current or past physical health issues (if any):

Specify issue \_\_\_\_\_ Dates \_\_\_\_\_

What medications does your child take? \_\_\_\_\_

Does the child have any food allergies or intolerances? \_\_\_\_\_

Has the child ever had a special assessment for: (Please circle if applicable)

Birth-to-Three?    Educational exam?    Psychological exam?    Neurological exam?

Has the child ever experienced a major physical injury or trauma? Yes No

Specify problem \_\_\_\_\_ Dates \_\_\_\_\_

Has the child ever experienced a major psychological trauma?      Yes      No

Specify problem \_\_\_\_\_ Dates \_\_\_\_\_

**Part 3. Self-Help Development**

Directions: Place an X in the box that best describes how your child can do each task. A young child's behavior is not the same from day to day. Think of your child's average ability at home, not his or her very best or worst day. Mark each item by putting an X in one of the boxes.

Task	Most of the time, with no help	Sometimes, or if I help	No, not yet	Not allowed to or not asked to
Drinks from a straw.				
Buttons large buttons.				
Puts toys away when asked.				
Unscrews jar lid or bottle cap.				
Washes and dries hands.				
Puts clothes or shoes where they belong when asked.				
Drinks from a water fountain.				
Brushes teeth.				
Blows and wipes nose without being asked.				
Puts on clothes with front and back correct.				
Puts shoes on correct feet.				
Completely dresses himself or herself.				
Uses the toilet independently.				
Wipes private area after toileting.				
Wears underwear.				
Brushes or combs hair.				
Washes his or her own body during bath or shower.				

**Part 4. Social Development**

Directions: Place an X in the box that tells how frequently your child shows each feeling or behavior. Again, think of your child on an average day, at home or with friends. Mark each item by putting an X in one of the boxes.

Feeling or Behavior	Always or almost always	Sometimes or Partially	Never or almost never
Sticks to one activity (listens to a story, does coloring) for at least 15 minutes at a time.			
Accepts limits without getting upset.			
Plays with toys without breaking them.			
Plays well with other children (takes turns, shares).			
Stops an activity when parents say to do so.			
Keeps working at something until it is finished.			
Is well liked by other children.			
Does what parents ask him or her to do.			
Waits his or her turn in games.			
Over-reacts or has temper tantrums.			
Uses words rather than physical actions to settle arguments with other children.			
Likes to be with other people.			
Reacts in ways parents can predict.			
Admits mistakes and doesn't blame others.			
Is easily frustrated.			
Describes others' feelings (such as happy, sad, mad).			
Smiles, giggles, or laughs in response to something funny.			
Waits to hear the entire question before answering.			
Goes to bed easily and without a struggle.			
Asks permission to use something that belongs to someone else.			

