

Child's Name: \_\_\_\_\_

*Please answer these questions (FRONT & BACK), they will help us understand your child.*

1. ILLNESS: List any special instruction if your child becomes ill:

\_\_\_\_\_

\_\_\_\_\_

2. FOOD:

a) List any foods your child is allergic to: \_\_\_\_\_

\_\_\_\_\_

b) List any foods your child is not permitted to eat: \_\_\_\_\_

\_\_\_\_\_

c) List any foods your child refuses to eat (for snack purposes): \_\_\_\_\_

\_\_\_\_\_

3. BATHROOM/TOILET HABITS:

a) Can your child be relied on to indicate bathroom wishes? \_\_\_\_\_

b) Word(s) used for urinating? \_\_\_\_\_

c) Word(s) used for bowel movement? \_\_\_\_\_

d) Is he/she frightened of the bathroom? \_\_\_\_\_

e) Does he/she have regular accidents pertaining to using the bathroom?

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

f) Does he/she need help with going to the bathroom? \_\_\_\_\_

g) Any special instructions for us to follow pertaining to helping your child use the bathroom? \_\_\_\_\_

4. SLEEP SCHEDULE/HABITS

a) What time does your child go to bed? \_\_\_\_\_

b) What time does your child usually awaken? \_\_\_\_\_

c) Does your child nap? \_\_\_\_\_ Time: \_\_\_\_\_

5. SOCIAL BEHAVIOR: You may choose more than one: 1(most) 2(less) 3(least)

a) By nature which best describes your child:

Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_

Withdrawn \_\_\_\_\_ Very Active \_\_\_\_\_ Short Attention Span \_\_\_\_\_

b) Has your child experienced playing with other children? \_\_\_\_\_

If yes, what age group: \_\_\_\_\_

c) Are there other siblings in the family? \_\_\_\_\_ Do they get along? \_\_\_\_\_

If no, please explain \_\_\_\_\_

d) Does your child demand a lot of adult attention? \_\_\_\_\_

Explain if necessary \_\_\_\_\_

e) How does your child react to strangers? \_\_\_\_\_

\_\_\_\_\_

- f) Is there anything unusual that makes your child upset or mad? \_\_\_\_\_  
Explain \_\_\_\_\_
- g) Any special instructions for handling your child if he/she becomes  
excessively upset?  
\_\_\_\_\_  
\_\_\_\_\_
- h) Is your child frightened by any of the following? If yes, briefly explain.  
Animals \_\_\_\_\_  
Storms \_\_\_\_\_  
Darkness \_\_\_\_\_  
Closed Doors \_\_\_\_\_  
Loud Noises \_\_\_\_\_  
Men? \_\_\_\_\_ Women? \_\_\_\_\_ Teenagers? \_\_\_\_\_ Other children? \_\_\_\_\_  
If yes to any, please explain \_\_\_\_\_  
\_\_\_\_\_  
Anything else? \_\_\_\_\_  
\_\_\_\_\_

## 6. PLAY SKILLS

- a) What is your child's favorite toy? \_\_\_\_\_
- b) Choose the three activities that best describe how your child spends the majority of  
his/her active time: (1 being the most spent time --- 3 being the least)  
\_\_\_\_\_ TV watching/games                      \_\_\_\_\_ playing by themselves  
\_\_\_\_\_ playing with siblings                      \_\_\_\_\_ actively running about  
\_\_\_\_\_ looking at books                              \_\_\_\_\_ drawing/coloring  
\_\_\_\_\_ listening to music                              \_\_\_\_\_ outdoor play (weather permitting)  
\_\_\_\_\_ playing on the computer
- c) Ride a scoot car ? \_\_\_\_\_ Tricycle? \_\_\_\_\_ Two wheel bicycle(w/o training wheels)? \_\_\_\_\_
- d) Has your child experienced playing with the following: (Y=Yes; N=No)
- |                      |                       |                       |
|----------------------|-----------------------|-----------------------|
| _____ Scissors       | _____ Block Building  | _____ Sewing/Lacing   |
| _____ Sand           | _____ Water           | _____ Trampoline      |
| _____ Swings         | _____ Sliding Board   | _____ Hula Hoops      |
| _____ Balance Beam   | _____ Board Games     | _____ Puppets         |
| _____ Play dough     | _____ Clay            | _____ Play Dress-up   |
| _____ Easel Painting | _____ Sponge Painting | _____ Finger Painting |
| _____ Computer       | _____ Music Games     | _____ Books           |
| _____ Crayons        | _____ Markers         | _____ Chalkboard      |

## 7. MISCELLANEOUS

- a) List any special needs of your child and any areas in which we can help your child.

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