

Family History

Child's Name: _____

Date of Birth: _____ Adopted? Yes No

Language spoken in the home: _____

Any family pets at the home? Yes No What kind? _____

HEALTH AND DEVELOPMENTAL INFORMATION

1. Was your child born prematurely? Yes No Weight at birth: _____
2. If your child on regular medication? Yes No
If yes, list: _____
3. List any special health concerns the school should be aware of:

4. Has your child ever been evaluated for (please check all that applies):
 Visual problems Hearing problems Behavioral problems
 Learning needs Psych issues IQ IEP
 Other: _____
5. Who evaluated your child? _____ Please provide a copy
6. Has your child participated in any programs after being evaluated? Yes No
If yes, list: _____
7. Have there been any situations in your child's life which the school should know about in order to meet his/her learning or developmental needs? (I.E. frequent moves, recent death in the family, etc.) _____
8. Does your child have allergies? Yes No If yes, what?

DESCRIBE CHILD'S PLAY EXPERIENCES

1. With other children: _____
(i.e. Neighbors, relative, play group)
2. Supervised playgroup experiences: _____
(i.e. Sunday school, Preschool)
3. Favorite games & toys: _____

HOW DOES CHILD GET ALONG WITH

1. Parents _____
2. Siblings _____
3. Other children _____

PREVIOUS CHILD CARE

1. Has someone other parents care for child? Yes No
If yes: whom? _____
 In Home Out of Home
2. Does Child need help with:
 Dressing Toilet Washing Hands Eating

ADDITIONAL INFORMATION

Does your child have any fears? _____

Please share any information that would help your child's teacher get to know your child better: _____

Date

Parent/Legal Guardian Signature

Relationship to Child