

TEACHER: \_\_\_\_\_



## HANDPRINTS KIDS' STUFF MISCELLANEOUS INFORMATION

### FAMILY HISTORY

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
MOTHER'S OCCUPATION \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
FATHER'S OCCUPATION \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

ARE PARENT'S DIVORCED/SEPARATED? \_\_\_\_\_  
NAME, AGE, AND SEX OF OTHER CHILDREN IN FAMILY \_\_\_\_\_  
RELIGIOUS AFFILIATION (BOTH PARENTS) \_\_\_\_\_  
IF ANY OF THE CHILDREN ARE ADOPTED, PLEASE INDICATE WHICH ONES: \_\_\_\_\_

### SLEEPING

WHAT TIME DOES YOUR CHILD USUALLY GO TO BED AT NIGHT? \_\_\_\_\_  
WHAT TIME DOES YOUR CHILD USUALLY GET UP IN THE MORNING? \_\_\_\_\_  
DOES YOUR CHILD TAKE A DAYTIME NAP OR REST? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_

### SPEECH

DOES YOUR CHILD SPEAK PLAINLY SO THAT OTHERS BESIDES THOSE AT HOME CAN UNDERSTAND THEM? \_\_\_\_\_  
ARE ANY FOREIGN LANGUAGES SPOKEN AT HOME? IF YES, WHAT LANGUAGE? \_\_\_\_\_

### TOILET

WHAT TERM DOES YOUR CHILD USE FOR USING THE TOILET? \_\_\_\_\_

TEACHER: \_\_\_\_\_



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### PERSONALITY

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? IF YES, PLEASE LIST AND EXPLAIN. \_\_\_\_\_

ARE YOU AWARE OF ANY SPECIAL PROBLEMS SUCH AS AGGRESSION, BITING, ANGER, ANXIETY, HOSTILITY, ETC.? \_\_\_\_\_

### DISCIPLINE

BY WHAT MEANS DO YOU "DISCIPLINE" YOUR CHILD? \_\_\_\_\_

### MISCELLANEOUS

WHAT INFORMATION SHOULD WE HAVE CONCERNING YOUR CHILD TO HELP US TO UNDERSTAND THEM BETTER? \_\_\_\_\_

WHAT DO YOU HOPE FOR YOUR CHILD TO GAIN FROM THEIR SCHOOL EXPERIENCE? \_\_\_\_\_

WHAT PREVIOUS GROUP EXPERIENCES HAS YOUR CHILD HAD? \_\_\_\_\_

ARE THERE OTHERS LIVING IN YOUR HOUSEHOLD? IS SO, PLEASE LIST. \_\_\_\_\_

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE