

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) _____

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? _____

WHAT TERM DOES YOUR CHILD USE FOR USING THE TOILET? _____

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

DATE

FATHER'S SIGNATURE

DATE