Family Information Form

Please take a moment to fill out the form below. Only fill out those questions that are applicable.

Child's Name:_____ Nickname:_____

What school district do you live in?_____

What elementary school will your child attend?_____

Mother/Guardian's email address_____

Father/Guardian's email address_____

Father/Guardian's Name_____

Mother/Guardian's Name_____

Marital Status: Married_____ Divorced_____ Separated_____ Single_____

1. Names and ages of other children living in the home and relationship to your child:

2. Does your child have any allergies? If yes, please explain.

3. Do you have any health concerns for your child (food allergies, environmental allergies, etc.)?

4. Does your child have any special needs or learning issues that you are aware of?

5. Has your child had any other exposure to group settings? If yes, please list.

6. Does your child speak English?
7. Language(s) other than English spoken in home:

8. Does your child need to be reminded to use the toilet?

9. What discipline and/or guidance techniques do you use at home with your child?

10. Does your child have a difficult time changing from one activity to another?

11. Does your child like to sit down and listen to a story?

12. Which hand does your child use the most for things such as eating, cutting, writing, etc?

13. What type of play does your child prefer? (Check all that apply.)

Active____ Quiet____

Indoor____ Outdoors____

Alone____ With an adult____

With a peer____ Dolls____

Crafts____ Dress-up____

Manipulatives____ Music____

Trucks____ Imaginative play____

Blocks____ Other:_____

14. Which behaviors best describe your child when upset? (Check all that apply.)

Cries easily____ Has temper tantrums____

Bites____ Hits____

Kicks____ Verbally abusive____

Withdraws____ Regains composure easily____

Other:_____

15. When your child is upset, what are some things that normally help him/her feel better?

16.What situations might cause your child to become upset? (Check all that apply.)

Sharing____ Food Issues____

Being touched____ Loud noises____

Lightning____ Thunder____

Separation issues____ Darkness____

Toilet____ Other_____

17. What are some goals you would like your child to meet after attending our program?

18. Is there anything else that you would like us to know about your child that would help us to better understand him/her?