

Your Name & Relation to Child: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Name and Ages of brothers/sisters:

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

How is your child's appetite? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ For how long each day? \_\_\_\_\_

How predictable is your child in patterns of sleep, appetite, etc.? \_\_\_\_\_

Is your child bladder trained during the day? \_\_\_\_\_ Bladder trained at night? \_\_\_\_\_

Is your child bowel trained during the day? \_\_\_\_\_ Bowel trained at night? \_\_\_\_\_

Is there anything he/she needs help with that he/she should be doing independently?

Does your child have any health problems or medical diagnoses?

Current Medications: \_\_\_\_\_

Any illness/accidents (be specific): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Has your child's hearing been tested? \_\_\_\_\_ By whom: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

History of ear infections and/or tubes? \_\_\_\_\_

Has your child had speech or language therapy? \_\_\_\_\_

Where and when? \_\_\_\_\_

Has your child's vision been tested? \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

## Social Behavior

Who takes care of your child during the day?

Name of caregiver/teacher: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Describe any problems at daycare?

Does your child make friends easily?

How well does your child deal with transition and change?

What is your child's basic mood?

Please rate (1 to 5) the degree that your child exhibits the following behaviors. Please describe your level of concern and ability to help your child improve behaviors.

- Rating:
1. You have not noticed this behavior at all.
  2. You have noticed this behavior to a slight degree (age appropriate).
  3. You have noticed this behavior to a moderate degree (somewhat concerned).
  4. You have noticed this behavior to a large degree (definitely concerned).
  5. You have noticed this behavior to an extensive degree (very concerned).

\_\_\_\_\_ Fidgets with hands, feet or squirms in seat \_\_\_\_\_

\_\_\_\_\_ Has difficulty remaining seated when required to do so \_\_\_\_\_

\_\_\_\_\_ Easily distracted \_\_\_\_\_

\_\_\_\_\_ Has difficulty awaiting his/her turn in games or group situations \_\_\_\_\_

\_\_\_\_\_ Blurts out answers to questions before they have been completed \_\_\_\_\_

\_\_\_\_\_ Has problems following through with instructions (usually not due to opposition or failure to comprehend) \_\_\_\_\_

\_\_\_\_\_ Has difficulty paying attention during tasks or play activities \_\_\_\_\_

\_\_\_\_\_ Shifts from one uncompleted activity to another \_\_\_\_\_

\_\_\_\_\_ Has difficulty playing quietly \_\_\_\_\_

\_\_\_\_\_ Often talks excessively \_\_\_\_\_

\_\_\_\_\_ Interrupts or intrudes on others (often not purposeful or planned but impulsive) \_\_\_\_\_

\_\_\_\_\_ Does not appear to listen to what is being said \_\_\_\_\_

\_\_\_\_\_ Loses things necessary for tasks or activities \_\_\_\_\_

\_\_\_\_\_ Impulsivity (poor self-control) \_\_\_\_\_

\_\_\_\_\_ Temper outbursts \_\_\_\_\_

\_\_\_\_\_ Frustrates easily \_\_\_\_\_

\_\_\_\_\_ Destructiveness \_\_\_\_\_

\_\_\_\_\_ Disobedient to adults \_\_\_\_\_

\_\_\_\_\_ Frequent crying \_\_\_\_\_

What does your child do when angry or frustrated?

What does your child like to do for fun?

What are your child's strengths?

Types of discipline you use with your child and has it been effective?

Describe any family issues at home that might affect his/her performance at school

Is there any other information you would like to share about your child?