

Please list 3 words that describe your child: _____, _____, _____

What strengths does your child have? _____

Please list any concerns you have about your child's development _____

Does your child play well alone? _____ in groups? _____

Please describe any situations that we might need to be made aware of to help make your child's adjustment and experience here the very best it can be? _____

What form of behavior control do you use with your child? _____

Does your child have any problems with vision, hearing or speech? _____ if yes, please explain _____

Is your child's speech clear? _____

Please list any serious accidents or surgeries your child has had _____

Does your child often have medical problems such as:

- | | | |
|----------------------|---------------------------|-------------------------------|
| _____ colds | _____ constipation | _____ nose bleeds |
| _____ ear infections | _____ hay fever/allergies | _____ heart trouble |
| _____ upset stomach | _____ diarrhea | _____ nightmares |
| _____ fever | _____ asthma | _____ others (please explain) |

Does your child take any medications regularly? _____ please list any medications, dosages, and times _____

Are there any other unusual things we should know about? (i.e.: fear of dogs, fear of loud noises, unaccustomed to playing with other children etc.) _____

In the last six to twelve months have there been any life changing circumstances in your child's life? _____

Please describe your family's church background _____

What do you hope your child will learn in school this year? _____

Please let us know if there are any changes during the school year. For example; new baby, death in the family, divorce, grandparents coming to live in the home etc. These events can greatly influence your child's behavior, and we appreciate being kept informed.

Parent Signature _____ Date _____