

CHILD INFORMATION SHEET

- 1) Child's Name _____ Birthdate _____
- 2) Parent's marital status _____ Child lives with _____
- 3) List of other children living in house:
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
- 4) Other people living in the household and relationship:
Name _____ Relationship _____
Name _____ Relationship _____
- 5) What languages are spoken at home? _____
- 6) Where was your child born? _____
- 7) Are most of the child's experiences at home with adults, older children, or children of their own age? _____
- 8) Does your child enjoy playing alone or with others? _____
- 9) Does your child have any special fears? _____ If so, please describe. _____
- 10) What are your child's special interests and activities?

- 11) What do you like most about your child? _____
- 12) What activities do you do with your child? _____
- 13) How many hours per day does your child watch television? _____
- 14) How many hours per day does your child spend on a tablet or laptop? _____

Over→

- 15) When does your child need to be disciplined? _____
- 16) How do you discipline your child? _____
- 17) How do you reward your child? _____
- 18) What makes your child angry? _____
- 19) In what ways do you encourage your child in developing independence?

- 20) Are crayons, paper, magazines and books available at home? _____
- 21) Do you read aloud to your child? _____ How often? _____
- 22) Is your child taking any medications? _____ Specify drug _____
Reason _____ Dosage per day _____
- 23) Is your child allergic to anything? _____
- 24) Has your child ever had a serious injury, illness or accident? _____
Specify _____
- 25) Is there anything about your child's health that worries you now? _____

COMMENTS:

Completed By _____ Date _____