

STUDENT INFORMATION

Child's legal name: _____

Nickname: _____

Date of Birth: _____

Home Address: _____

Home phone number: _____

Mother's name: _____

Father's name: _____

Adults living with the child and their relationship to the child: _____

Name(s) and age(s) of siblings: _____

What language did your child first understand or speak? _____

What language does your child use most often when speaking?

Is this your child's first school experience? _____ If not, please describe

previous experience(s). _____

My child's favorite activities are: _____

My child's least favorite activities are: _____

My child's areas of strength are: _____

Areas that are difficult for my child are: _____

Times when my child gets upset: _____

Has your child had experience playing with other children? _____

Please describe this play (i.e. activities, parallel or cooperative) _____

When your child communicates his/her wants and needs does she/he use 1 - 2 words, 2 - 3 words, 3 - 5 words or full sentences? _____

Does your child request mainly with words or gestures? _____

Does your child direct your attention to his/her environment through comments?

Does your child cry or show other signs of distress when it is time to leave you?

Does your child currently protest verbally or with whining or crying? _____

What are your child's current abilities in the areas of dressing, washing and drying hands, toileting, and feeding? _____

Please share any other information about your child. _____
