

Student's Personal Information

Dear Parents: Please be very thorough in completing this form to help us know and understand your child so that we can work together more constructively. This information is confidential and will be made available only to those working directly with your child.

Teacher's Name: _____

Child's Name: _____ Birth date: _____

Address: _____
Street City State Zip

Home phone: _____

Previous school(s): _____

Father's Name: _____ Occupation: _____

Place of Employment: _____

Hobbies/Talents that can be shared with the class: _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____

Hobbies/Talents that can be shared with the class: _____

List names of family members who live at home. Please include ages of brothers and sisters. _____

Country of Origin: _____ Native Language: _____

Languages Spoken at Home: _____

Child **speaks** English: fluently () somewhat () poorly ()

Religious Preference: _____ Name of church you attend: _____

Is there any deviation in family life? (Divorce, parent away for long periods, serious illness, etc.) _____

Is your child with a babysitter or other childcare on a regular basis? _____

Does your child participate in any other group activities such as Sunday School, sports, etc.?

Does your child play with children who are the same age, older, or younger? _____

How many hours a day does he/she watch T.V.? _____ Favorite Programs: _____

What are your child's favorite toys and activities? _____

Describe your child's disposition (sunny, serious, moody, sensitive, etc.) _____

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Does he/she cry easily? _____ If so, how do you handle this? _____

Child's Name _____

How do you handle discipline with your child? _____

Does your child get along well with play mates? _____

Does your child have any fears such as nighttime, monsters, sirens, etc.? _____

How many hours does he/she sleep at night? _____ Does he/she nap? _____

Are there any sleeping problems? _____ Does your child have a good appetite? _____

List all childhood diseases and/or serious illnesses your child has had _____

List any allergies _____

List any surgeries your child has had _____ Dates: _____

Are there any physical disabilities (sight, hearing, speech, motor, etc.)? _____

Does your child show a hand preference? _____ Right _____ or Left _____

What, if any, concerns or issues do you have for your child? Please explain (Discipline, attitude toward adults, association with other children, developing independence, speech, separation anxiety, etc.)

Has your child ever been referred to, evaluated by, or scheduled to be evaluated by any organization such as Babies Can't Wait, DeKalb County, Coralwood, Children's Healthcare, or any other private group? Yes _____ No _____
If yes, please explain.

Has your child ever had Speech, Physical, or Occupational Therapy? Yes _____ No _____
If yes, please explain.

What are your goals for your child this school year?

Please feel free to discuss anything else that will help us better understand your child.