Family Information Form

**Please take a moment to fill out the form below. Only fill out those questions that are applicable.**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school district do you live in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What elementary school will your child attend?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Married\_\_\_\_\_\_\_ Divorced\_\_\_\_\_\_ Separated\_\_\_\_\_\_ Single\_\_\_\_\_\_

1. Names and ages of other children living in the home and relationship to your child:
2. Does your child have any allergies? If yes, please explain.
3. Do you have any health concerns for your child (food allergies, environmental allergies, etc.)?
4. Does your child have any special needs or learning issues that you are aware of?
5. Has your child had any other exposure to group settings? If yes, please list.
6. Does your child speak English?
7. Language(s) other than English spoken in home:
8. Does your child need to be reminded to use the toilet?
9. What discipline and/or guidance techniques do you use at home with your child?
10. Does your child have a difficult time changing from one activity to another?
11. Does your child like to sit down and listen to a story?
12. Which hand does your child use the most for things such as eating, cutting, writing, etc?
13. What type of play does your child prefer? (Check all that apply.)

Active\_\_\_\_ Quiet\_\_\_\_

Indoor\_\_\_\_ Outdoors\_\_\_\_

Alone\_\_\_\_ With an adult\_\_\_\_

With a peer\_\_\_\_ Dolls\_\_\_\_

Crafts\_\_\_\_ Dress-up\_\_\_\_

Manipulatives\_\_\_\_ Music\_\_\_\_

Trucks\_\_\_\_ Imaginative play\_\_\_\_

Blocks\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which behaviors best describe your child when upset? (Check all that apply.)

Cries easily\_\_\_\_ Has temper tantrums\_\_\_\_

Bites\_\_\_\_ Hits\_\_\_\_

Kicks\_\_\_\_ Verbally abusive\_\_\_\_

Withdraws\_\_\_\_ Regains composure easily\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When your child is upset, what are some things that normally help him/her feel better?
2. What situations might cause your child to become upset? (Check all that apply.)

Sharing\_\_\_\_ Food Issues\_\_\_\_

Being touched\_\_\_\_ Loud noises\_\_\_\_

Lightning\_\_\_\_ Thunder\_\_\_\_

Separation issues\_\_\_\_ Darkness\_\_\_\_

Toilet\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are some goals you would like your child to meet after attending our program?
2. Is there anything else that you would like us to know about your child that would help us to better understand him/her?