

Student & Family Information

Please complete the following questions about your child's habits, abilities, and personality. Complete information will help us create a more positive experience for you and your child.

Student Name:
Who is in your child's immediate family?
Who lives at home with your child?
What is the primary language spoken in your child's home?
Are there any special family arrangements (shared parenting, living in two homes, or custody specifications, etc.) that we should know about?
Are there any changes or transitions that your child has recently experienced or is experiencing? (divorce, new home, death of family member, friend or pet, etc.)
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)
Do you have any pets at home? If so, what are they and what are their names?
Has your child attend school (or daycare, etc.) previously?
Does your child have any favorite foods?
Does your child dislike any foods?
Are there any foods your child should not be fed? (Documentation required for children with food allergies and/or dietary restrictions)

Please list words that best describe your child's personality and behavior:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent Signature:

Date