

Child Profile

The following record is designed to provide a picture of your child's background and present development. It is intended to help us better understand and accommodate your child in our programs.

Child's name _____ Sex _____ Birth date _____ Child's
nickname _____

Parent #1 Name _____ Home/Cell Phone # _____

Parent #2 Name _____ Home/Cell Phone# _____

Do both parents live with child? Yes _____ No _____ If no, please explain _____

Does the child have a step parent? Yes _____ No _____ How long? _____

List names and ages of siblings:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Has child received any support services? No _____ Yes _____ If yes, please specify: Occupational therapy _____ Physical Therapy _____
Speech/Language therapy _____ Other _____

Present medical history we should be aware of _____

Does your child take any medication on a regular basis? If yes, please note _____

Does your child have any allergies? _____

Does your child have any dietary restrictions or preferences? _____

Are there any special family circumstances that might be a factor in your child's behavior or current adjustment (illness, death, separation or divorce, a new baby, etc.)? _____

Does your child prefer to play alone or with others? _____

Are his/her playmates younger, older, or about the same age? _____

What activities does your child enjoy? _____

What are your child's favorite things to play with? _____

Is there anything specific (items or situations) that trigger anxiety, fear or anger in your child? _____

When your child gets into a conflict, how does she/he react? _____

What method of conflict resolution/discipline works best with your child? _____

What works best to calm your child? _____

Does your child have sensory sensitivities or aversions? Please specify _____

Is there anything else you would like us to know about your child that would help us to better understand him/her?

Signature of Parent/Guardian

Date