

## *Help Us To Know Your Child*

This personal history form for your child is confidential. It is shared with your child's teacher to inform them about your child's needs and personality characteristics.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name your child is usually called: \_\_\_\_\_

Names of Parent(s) or Guardian(s): \_\_\_\_\_

Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_.

Child lives with: \_\_\_\_\_

Name(s) and age(s) of brother(s) and/or sister(s): \_\_\_\_\_

Name(s) and relationship(s) of other member(s) of the child's household: \_\_\_\_\_

What language is usually spoken at home? \_\_\_\_\_

If more than one, what other language(s) is/are spoken? \_\_\_\_\_

Describe your child's general health. \_\_\_\_\_

Does your child have bladder control? \_\_\_\_\_ Bowel control? \_\_\_\_\_

Child's terminology regarding toileting? \_\_\_\_\_

Any special information about diapering/toileting? \_\_\_\_\_

Does your child usually take a nap? \_\_\_\_\_ At what time? \_\_\_\_\_

Describe any nap/sleep/bedtime habits or needs: \_\_\_\_\_

If your child is verbal, does he/she have any difficulty saying what he/she wants; or do you have any trouble understanding his/her speech? \_\_\_\_\_

What foods does your child especially like? \_\_\_\_\_

Are there foods your child dislikes? \_\_\_\_\_

Is there any food your child should not eat for medical, religious, or personal reasons? \_\_\_\_\_

When your child is upset or stressed, how is he/she best comforted? \_\_\_\_\_

How does your child relate to/play with others? \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

Do you have any family pets? \_\_\_\_\_

Does Mom, Dad, or Guardian travel often? \_\_\_\_\_

In most circumstances, do you consider your child to be easy to manage, fairly easy to manage, or difficult to manage? \_\_\_\_\_

How do you discipline your child?

- Mom: \_\_\_\_\_
- Dad: \_\_\_\_\_
- Guardian: \_\_\_\_\_

Describe any fears your child may have. \_\_\_\_\_

Describe any concerns you may have about your child. \_\_\_\_\_

In what ways would you like to see your child develop during the coming school year? \_\_\_\_\_

Additional comments: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_