



*Student Information Form*

Date:

Child's Name:

Birthdate:

Address:

Phone:

Father's Name:

Occupation:

Mother's Name:

Occupation:

Family Physician:

Phone:

Below are a few questions that will help us to know your child better and thus be more aware of his/her needs.

1. Names and ages of sisters and brothers

2. Has your child had peer group experiences? If so, explain.

3. Does your child have any particular fears?

4. Please describe any pertinent medical problems we should know about (i.e. allergies or physical limitations).

5. Does he/she take any regular medication? If so, explain.

6. Please indicate if one parent is sole legal guardian.

7. Does your child have any sleeping or eating problems?

8. Any elimination problems?

9. What kinds of play equipment does your child enjoy the most?

10. When your child has difficulty what kind of discipline do you use most often?

11. Please use this scale to rate your child on the following: Below Average Average Above Average

Activity level

Looks to adults for support

Handles responsibility for self

Outgoing social behavior

Enjoyment of play when alone

Difficulty in dealing with others because not assertive

Engages in physically aggressive behavior

12. Please describe any special problems you feel we should know about.

13. Please describe your child as an individual and as a member of your family.