

CHILD'S INFORMATION (One Form per Child)

Last Name	First Name	Birthdate	Age
Nickname		M / F	
Previous School or Camp Experience:			

MARITAL STATUS OF PARENTS

Mother/Guardian		Relationship of any other adults living in the home:	
Father/Guardian		Name	Relationship
Stepparent (s)			

ALLERGIES

Does child have any food or other allergies? Yes No *(Please circle)*

Please list allergies:

How do the allergies manifest themselves?

Treatment?

MEDICAL CONDITIONS

Please list any medical conditions:

SPECIAL EVALUATIONS

Has child had any special evaluations by speech/language therapist, psychologist or other special program? Yes No *(Please circle)*

If 'yes', please explain briefly and then fill out Special Needs Questionnaire.

HEARING

Any difficulty with hearing, ear infections or tubes in ears? Yes No *(Please circle)*

If 'yes', please explain briefly.

TOILET TRAINING

Is child toilet-trained?	Yes No	What does he/she say when needs to urinate?
At what age?		What does he/she say for a bowel movement?
Are reminders needed?	Yes No	

CHILD'S INFORMATION (One Form per Child)

Last Name

First Name

DRESSING

Does child need help to dress/undress self?

Yes No

SPEECH

Does child speak plainly so others beside those in family can understand?

Yes No

List any 'special words' child uses for family, friends or favorite things:

HABITS

Does child suck thumb?

Yes No

Does child usually appear happy?

Yes No

Does child suck fingers?

Yes No

Does child usually appear relaxed?

Yes No

Does child bite nails?

Yes No

Does child usually appear anxious?

Yes No

Does child use a pacifier?

Yes No

Does child usually appear fearful?

Yes No

Is he/she right or left handed?

Right Left

Does child appear to need more attention than average?

Yes No

RELATIONSHIPS

Is child shy?

Yes No

Is child relaxed with strange adults?

Yes No

Is child outgoing?

Yes No

Is child relaxed with other children?

Yes No

How does child approach new situations?

Is he/she cooperative in accepting suggestions?

Describe child's general characteristics with other people:

FEARS

Does child display any symptoms of fear or anxiety?

Is there anything that has occurred in his/her life to help understand this??

EXPECTATIONS

What are your expectations or goals for your child while in our program?
