

**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?

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Is he/she cooperative in accepting suggestions?

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Describe child's general characteristics with other people:

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**FEARS**

Does child display any symptoms of fear or anxiety?

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

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**EXPECTATIONS**

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

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