

EATING HABITS:

Good _____ Fussy _____ Poor _____ Food allergies _____

SLEEP HABITS:

Number of hours each night _____ Sleeps soundly _____ Extremely restless _____

Night terrors _____ Resists bedtime _____ Naps? _____

SOCIAL BEHAVIOR:

Personality: Friendly _____ Shy _____ Aggressive _____ Leader _____ Follower _____

Behavior: Hard to manage _____ Average _____ Easy _____ Method of discipline _____

Activity: Inactive _____ Very Active _____ Average _____ Prefers playing: with others _____ Self _____

Self Care: Feeds self _____ Dresses self _____ Ties shoes _____ Follows directions _____

How well does child get along with other children? _____

What do you enjoy most about your child? _____

Has any member of family had a learning problem? _____

Do you have any concerns about your child? _____

HEALTH HISTORY:

Has your child had any of the following? (Please check and describe any problems)

___ Serious illness: _____

___ Serious accidents: _____

___ Operations/Hospitalizations: _____

___ Head injury: _____

___ Ear infections: _____

___ Allergies: _____

___ Frequent colds, minor illness: _____

___ Seizures: _____

___ Vision problems: _____

___ Hearing problems: _____

___ Speech difficulties: _____

Is your child taking any medication on a regular basis? _____

Are there any special conditions to be watched at school? _____

Signature _____ Relation to child _____