Child’s Name ______________________________ Date of Birth____________________

**Education**
Name and address of other schools, if any, in the past five years:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**Child’s Information:**
What extracurricular activities does your child enjoy?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What does your child enjoy doing in their free time?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What activities does your child not enjoy?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What adjectives would you use to describe your child?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Describe a day in your child’s life that was particularly happy and tell why it was so important:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

________________________ ________________________
Signature of Parent           Date
Child’s Name ______________________________________

Has your child recently experienced, or is your child about to experience a major change (other than school)? For example:

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth of a sibling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death of someone close?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move to a new home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation or divorce?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New pet or loss of pet?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please explain ________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Personal Information**

What is your child’s primary language? ______________________________________

Second language? ________________________________________________________

Do you have any concerns about your child’s language development? ____________
________________________________________________________________________

Does your child eat breakfast? Yes No

Is he/she a good eater? Yes No

Favorite foods ________________________________

Foods refused ________________________________

What discipline methods are used at home?

_____ Talk to the child about what is unacceptable and what needs to be done.

_____ Say “NO”

_____ Spank

_____ “Time Out” for _____ time/minutes