

CONFIDENTIAL DATA SHEET

Child's Name _____ Birth Date _____

Mother's Name _____ Age _____ Occupation _____ Previous Occupation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

Father's Name _____ Age _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

Marital Status _____ Religious Affiliation _____

Primary Language _____

Other adults who are frequently with the child (grandparents, baby-sitter, etc.) _____

Siblings (names & ages) _____

EARLY DEVELOPMENT

What were the conditions associated with your pregnancy, child's birth and in infancy? (Illness, difficulties, adoptions, etc.)

Indicate any unusual situations or characteristics observed during the child's first few years.

In general, do you feel that your child's early development has been trouble free _____, about average _____, more than normally difficult _____.

Further comment:

PREVIOUS SCHOOL EXPERIENCE

Has your child previously attended school? _____ School attended? _____ When? _____

What was your child's reaction to this experience?

Indicate any problems related to previous school experience:

In general, would you say that your child is experienced and ready to enter school, is inexperienced but ready to enter school _____, may have difficulty being left at school _____? Further comment:

HOME ARRANGEMENTS

Where does your child sleep? Where does he usually play? (Mention special facilities, equipment, etc.)

Are there any special needs or concerns in the supervision of your child.

Describe any important opportunities or serious difficulties that your child encounters in your home.

FAMILY RELATIONSHIPS

What is the general feeling or attitude between your child and

The mother:

The father:

Mention any special activities the child enjoys with:

The mother:

The father:

Other family members:

Indicate any areas of difficulty between the child and

The mother:

The father:

Other family members:

Is there anyone else who plays a significant role in your child's daily life? Describe the relationship:

PLAY AND PLAYMATES

In what manner does your child usually play?

What is your child's characteristic attitude to other children?

What playmates are available to your child?

Does your child prefer any particular kind of playmate?

Mention some of your child's favorite toys or play activities:

ROUTINE ACTIVITIES

What is your child's general attitude toward eating? (Mention any problems related to food, diet, mealtime, food allergies, etc.)

What is your child's response to sleep and rest? (Mention problems related to naps, fatigue, bedtime, etc.)

What is your child's behavior regarding toileting? (Mention any special words, if used, and any problems related to toilet training) What kinds of duties or "chores" are done by your child? How much "dressing, washing", etc. Does he do it with help, without help?

FEELINGS AND EMOTIONS

Would you say that your child tends to have an easy-going nature _____, a responsive, "high strung" nature _____, or somewhere in between _____?

How does your child show pleasant or happy feelings?

Mention any frequent emotional disturbances shown by your child. (fears, nightmares, over-excitement, extreme temper, nervousness, etc.)

BEHAVIOR PROBLEMS

Describe any behavior of your child that is a source of concern to you.

What efforts are being made to change these behaviors?

FAMILY DISCIPLINE

In general, would you say that the discipline in your home is authoritarian _____, moderate _____, permissive _____? Further comment:

When your child misbehaves, what approach do you usually take?

Do you feel that this approach is quite effective _____, only sometimes effective _____, usually ineffective _____, possibly harmful _____.

Regarding what is expected of your child, are the parents usually in agreement _____, sometimes in agreement _____, in frequent disagreement _____.
Further comment:

PARENT OBSERVATIONS

What do you consider to be your child's best qualities?

What do you consider to be your child's greatest need?

In what ways do you feel your child will benefit from school?

What difficulties do you suspect might occur while your child is attending school?

What do you believe is the most important thing for a teacher to know about your child?

ADDITIONAL REMARKS OR INFORMATION: