

BACKGROUND INFORMATION FORM

Dear Parent,

This form is designed to help us in giving your child the best possible care available. It allows us to know your child's individual interests, strengths and needs. Please answer the following questions and add any additional information you may feel we need to know about your child and your family.

Child's Name: _____

Does your child have any siblings? If so, what are their names and ages? _____

Who are the adults in your household? _____

Family's primary language: _____

At what age did your child:

Begin to speak words? _____

Repeat short sentences? _____

Begin toilet training? _____

Complete toilet training? _____

Does your child dress self? Yes / No

Undress self? Yes / No

Is your child left or right handed, or undecided? _____

Does child enjoy eating? Yes / No

Please explain _____

What are his/her favorite foods? _____

Any food dislikes? _____

Any food allergies or restrictions? _____

What time is usual bedtime? _____

Awake in morning? _____

Does child sleep well? _____

Does child nap? _____

What are your child's interests? _____

What is your child's favorite book/story? _____

What are your child's fears? _____

If you have pets, what are they and what are their names? _____

Describe any cultural traditions your family celebrates: _____

What would you like us to know about your child? _____