**St. Luke's Dayschool Of Good Shepherd**

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**ALL ABOUT MY CHILD**

Child's Full Name _____

Name Child is Called _____Date of Birth _____

Previous school experience or child care arrangement

_____

Developmental History

Type of Birth ___ Normal ___ Premature

Describe any complications involved _____

Age child began ___ Sitting ___ Crawling ___ Walking ___ Talking

Is your child a good climber? _____ Does your child fall easily? _____

Primary language spoken at home _____ Other languages spoken _____

Any difficulty in speaking? _____

List major past illnesses or any physical conditions you are aware of

_____

List any operations, accidents or hospitalizations _____

Is your child on any medications? ___No ___Yes Any side effects? _____ _____

Does your child use any special devices at home? ___No _Yes, what kind? _____

Does your child have any food allergies? ___No ___ Yes, describe _____

Does your child have and allergies to medications? ___ No ___Yes, describe _____

_____

Sleeping

What is your child's bedtime? _____ What time does he/she get up? _____

Does he/she go to sleep easily? ___Yes ___No

Does he/she have any sleep disturbances? ___Yes ___No

What is your child's mood upon wakening?

_____

Does he/she take naps? ___ No ___Yes, please describe _____

Does your child tire easily? ___ No ___Yes, under what conditions _____

Eating

Please describe the eating patterns of your child in a day

_____

Does he/she enjoy eating? ___No ___ Yes

What are some favorite foods? _____

What foods are refused? _____

Do you have any particular concerns about your child's eating habits? ___ No ___Yes, describe _____

_____

Does your child drink milk? ___No ___Yes

If no, is it for medical reasons? ___ No ___Yes

Social and Emotional Behavior/Experience

Does your child have temper tantrums? ___ No ___ Yes, how often and why?

_____

Does your child cry easily? ___ No ___ Yes

Does your child enjoy playing alone? ___ No ___ Yes

Does your child relate to other children easily? ___ Yes ___ No, describe _____

How does your child relate to new people (strangers)? _____

How does your child relate to known adults?

_____

What upsets your child? _____

How does your child shoe his/her feelings?

_____

How do you discipline your child at home?

_____

Other Background Information

Who lives in your home? _____

Any pets in the house? _____

My child's favorite activity is: _____

My child's least favorite activity is: _____

The one thing I want you to know about my child is

_____

_____

Is your child afraid of anything? ___No ___Yes, what _____

Does your child receive any services foe developmental or educational issue? ___ No ___ Yes, describe

_____

Are there any unique family situations we should be aware of?

_____

What goals do you have for your child in the coming year?

_____

Thank you!