



Child-Family Social-Health Information 2020-21

Family and Social History

Name of Child: _____ Date of Birth: _____

Mother (or Guardian): _____

Father (or Guardian): _____

Marital Status of Parents:

Married: _____ Separated: _____ Divorced: _____

Custody / visiting arrangements: _____

Siblings

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Other members of the household (include relationship and age): _____

If both parents are away from home during the morning, please state arrangements for child's care when not at school: _____

Does child have room alone? _____ If not, with whom? _____

Who has cared for child other than parents? _____

Has child had group play experience? _____ Where? _____

Does child have neighborhood playmates? Specify: _____

When and with whom does child watch TV? _____

Developmental History of Child

Age at which child: Crept on hands and knees: _____ Sat alone: _____ Walked alone: _____

Named simple objects: _____ Repeated short sentences: _____ Slept through the night: _____

Began toilet training: _____ Word child uses for: Urination: _____ and Bowel movements: _____

Usual time for B.M.: _____ Does child dress self? _____ Undress self? _____

Is child left or right-handed? _____ Any dietary restrictions? Yes No Comments: _____

What time does child usually eat breakfast? _____ Lunch? _____ Dinner? _____

Any eating problems? Yes No Comments: _____

What time does child usually go to bed at night? _____ Awaken? _____

Does child sleep well? Yes No Comments: _____

What are child's favorite indoor play activities? _____

Favorite outdoor play activities? _____

Does child have any special fears that you are aware of? _____

How does your child like to be comforted? _____

Does your child have any special needs that we should be aware of? _____

What methods of setting limits are used in your home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

What would you like us to know about your child that would help us provide a successful school year?
