



CHILD BACKGROUND INFORMATION

Family Information

Child's Name: _____ Sex _____ M _____ F

Nickname (if applicable): _____

Father's / Legal Guardian Name: _____

Mother's / Legal Guardian Name: _____

Child lives with: _____ Mother _____ Father _____ Other

Other members of Household (please include ages):

Birth and Early Development (Not applicable for School-Age)

Date of Birth: _____ Birth weight: _____ Birth place: _____

Age at which child first:

_____ looked at & reached for something

_____ rolled over _____ crawled _____ sat alone

_____ used words _____ used sentences

Was the child: _____ Very active _____ Moderately active _____ Quiet

Did the child cry: _____ Frequently _____ Moderately _____ Rarely

Early Development Characteristics (Not applicable for School-Age)

Child goes to bed at: _____ Arises at: _____

Naps from _____ to _____ Favorite nap toys: _____

Is the child usually hungry for meals? _____ Does the child eat between meals? _____

Foods which are particularly liked: _____

Foods which are particularly disliked: _____

Does the child dress and / or undress self? _____

At what age was bladder control established? _____ Word used: _____

At what age was bowel control established? _____ Word used: _____

Is the child a bed wetter? _____

Health Information

Hospitalization History (when, where, and what reason): _____

Medications the child is taking: _____

Allergies or chronic health problems (EX: Asthma, penicillin allergy, etc): _____

Does the child have any physical disabilities? If so, please describe: _____

Has the child had any serious accidents? If so, please explain: _____

Does the child frequently have:

_____ Colds _____ Ear aches _____ Stomach aches _____ High fevers _____ Vomiting

Has the child ever:

_____ Been to the Dentist _____ Had vision tested _____ Had hearing tested

Does the child show a preference for right or left hand? _____

Personality Characteristics

Circle the words that best describe the child at present:

Lively Quiet Easy Going Cautious Alert Good-natured Creative Intellectual Athletic
Friendly Talkative Stubborn Happy Healthy Serious Fearful Confident Adaptable Shy
Noisy Whiny Controlled Impatient Impulsive Reasonable Imaginative Rough
Independent Gentle Patient Affectionate Clumsy Sweet Other _____

Child prefers:

_____ Indoor play _____ Outdoor play _____ Playing alone _____ Playing with others

How does the child get along with others? _____

Favorite Toy (s): _____

Favorite activities: _____

Does the child have any particular fears? (Ex: thunder, darkness, dogs, etc.): _____

General Information

What methods of behavior control are used in your home? _____

How does the child react to these control? _____

For what reasons have you enrolled your child? _____

Are there any particular ways you would like us to help your child? _____

Parent offered information on: **CHIP CAIU DPW CCN**

Parent Signature _____

Date _____