

SOCIAL EXPERIENCES

Has your child had group play or school experience? _____ Where? _____

Was it successful? _____ Explain: _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor play activities? _____

How would you describe your child's personality? _____

What method of discipline is used in your home? _____

By Parent 1: _____ By Parent 2: _____

What is child's typical reaction? _____

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

DEVELOPMENT AND HEALTH

Does your child dress self? _____ Undress self? _____ Right or left-handed? _____

What time does child eat meals? Breakfast _____ Lunch _____ Dinner _____ Snacks _____

What time does child go to bed at night? _____ Awaken? _____ Nap? _____ Are naps daily? _____

Has child been to the dentist? _____ Results: _____

Vision tested? _____ Results: _____

Hearing tested? _____ Results: _____

Does child have any speech difficulties? _____ Explain: _____

Does your child vomit or get sick easily? _____

Other information you would like us to know about your child: _____