



GETTING TO KNOW YOUR CHILD

Dear Parents:

Please answer the questions below to help us get to know your child better. Please be thorough with your responses.

Child's Name _____ Date of Birth: _____

Does your child have any of the following:

Chronic physical problems: Yes___ No___

- If yes please describe _____

Developmental or learning needs: Yes ___ No ___

- If yes please describe _____

Speech delays or language development: Yes ___ No ___

- If yes please describe _____

Allergies or adverse reactions to anything: Yes___ No__

- If yes please describe _____

Special dietary needs: Yes___ No___

- If yes please describe _____



What language is predominantly spoken at home? _____

Does your child still use the following:

- Bottle _____ Pacifier _____ Diapers _____ Pull-Ups _____

Does your child have other family members living at home?

- Brothers _____ Sisters _____ Grandparents _____ Others _____