
Child's Last Name

First Name

Gender: Male/Female

Nickname (if applicable): _____

Date of birth: ____/____/____

Right Handed/Left Handed/Not Sure

Names/Grades of siblings: _____

Name of Preschool: _____

Language(s) spoken at home: _____

List any significant food allergies:

Did your child receive Early Intervention services? Yes_____No_____

If yes, what program:

Child Descriptors (check all that apply)

___ is a creative thinker

___ is talkative

___ is quiet

___ is active

___ is shy

___ is impulsive

___ is easily distracted

___ is responsible

___ is cooperative

___ is _____

Do you have any concerns regarding your child? (Social/emotional, academic, physical, speech, etc.)