

# General Information Form

Days Present: MWF or T/TH or M-F AM/PM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Nickname \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

**Father's Mobile Phone** \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

**Mother's Mobile Phone** \_\_\_\_\_

Father Living \_\_\_\_\_ Mother Living \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Are there any unusual circumstances in the family situation that might influence the child's behavior, such as death, moving, new baby, divorce, father travels, etc. If so, explain.

\_\_\_\_\_

What comforts your child when he/she is upset?

\_\_\_\_\_

Members of household other than the parents (*brothers, sisters, relatives*)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **General Behavior Characteristics:**

Is the child very active? \_\_\_\_\_ Moderately active? \_\_\_\_\_ Inactive? \_\_\_\_\_

Speech ability (difficulty with some sounds, delayed speech, speech therapy): \_\_\_\_\_

Does child have any nervous habits or unusual behavior characteristics such as biting nails, sucking fingers, temper tantrums, asthma attacks, whining, anxieties? \_\_\_\_\_

\_\_\_\_\_

When does this behavior occur and how is it handled? \_\_\_\_\_

\_\_\_\_\_

What fears does the child have? \_\_\_\_\_

Sensory sensitivities (loud noises, etc.): many \_\_\_\_\_ a few \_\_\_\_\_ none \_\_\_\_\_

Explain: \_\_\_\_\_

How does your child feel about coming to school? \_\_\_\_\_

How do you feel about your child coming to school? \_\_\_\_\_

What circumstances commonly cause conflict between parent/child? \_\_\_\_\_

How is this handled? \_\_\_\_\_

What types of discipline are most often used? \_\_\_\_\_

Are there differences in the ways mother and father handle the child? Explain \_\_\_\_\_

What kinds of family activities do all members participate in? \_\_\_\_\_

About how often does the above occur? several times per week \_\_\_\_\_ once a week \_\_\_\_\_  
several times per month \_\_\_\_\_ once a month \_\_\_\_\_ rarely ever \_\_\_\_\_

**Play activities of the child:**

Child plays independently or alone well \_\_\_\_\_

Child prefers to be entertained \_\_\_\_\_

Child usually requires a playmate \_\_\_\_\_

Does the child have other group experiences, Sunday school, Mother's Day Out \_\_\_\_\_

What type of toys does the child prefer to play with? Blocks, puzzles, dress-up, dolls? \_\_\_\_\_

Child prefers physical, outside play? \_\_\_\_\_

Quiet inside play? \_\_\_\_\_

A variety of inside, quiet and physical, outside? \_\_\_\_\_

**Health Habits:**

Is there any problem connected with the child's health such as easily catching cold, sensitive skin, intestinal upsets, allergies?  
\_\_\_\_\_  
\_\_\_\_\_

How long does the child sleep at night? \_\_\_\_\_ Naptime? \_\_\_\_\_

Child has a regular bedtime? \_\_\_\_\_ What time is actual bedtime? \_\_\_\_\_

Child goes to sleep easily? \_\_\_\_\_