

Child Information Questionnaire

Dear Parent/Guardian,

Please help us get to know your child better by answering the following questions. Your comments will be kept confidential, to be shared only with your child's staff.

- Does your child prefer to be called by a nickname? (for instance: Liz or Betty instead of Elizabeth, Pete instead of Peter) _____Yes _____No
- If yes, what nickname should we use? _____
- Names and ages of siblings:_____
- My son/daughter is most happy when:_____
- _____
- _____
- Sports, Games and other activities my child enjoys:_____
- _____
- _____
- Is your child living with both parents? ____Yes ____No
- Have there been any recent adjustments, school or family situations that we should be aware of? _____
- _____
- _____
- Is your child taking any medication that might affect his/her behavior? _____
- Are there special considerations when dealing with your child's behavior? _____
- _____
- _____
- Additional comments that might be helpful: _____
- _____
- _____
- _____
- _____