BACKGROUND INFORMATION

Name: _____ _____ _____
(FIRST) (MIDDLE) (LAST)

Date of Birth: _____

Mother's Name: _____ Occupation: _____ Work Phone #:_____

Father's Name: _____ Occupation: _____ Work Phone #:_____

Siblings: Name:_____ Age: _____

Name:_____ Age: _____

Housekeeper's or Caretaker's Name: _____

Is your child **allergic** to any **food or medication** that the School should be aware of?_____

Has your child ever had **chicken pox**?_____ **chicken pox inoculation**? _____

Is your child receiving services such as speech, occupational therapy, Early Intervention teacher, SEIT teacher, etc.?

(If YES, describe)_____

Does your child show a dominance toward their _____ right hand _____ left hand _____ uses both equally at this time.

Would you describe your child as a leader or a follower?_____

How would you expect your child to react in a frustrating situation?
_____ Bite _____ Hit _____ Cry _____ Withdraw Other: _____

Do you have concerns for your child such as, speech, fine and gross motor skills, emotional behavior (tantrums, etc.)?

_____

Please describe any other problems the school should be aware of _____

What would you like your child to accomplish? _____

_____

Optional: For Holiday project purposes only, please circle holidays celebrated in your home

Hanukkah/Passover Christmas/Easter Kwanzaa We do not celebrate holidays