

GETTING TO KNOW YOUR SCHOOL-AGER



EATING PATTERNS

Is your child usually hungry at mealtimes? Yes No Between Meals? Yes No

What are your child's favorite foods? _____

What foods does your child refuse? _____

Does your child have any food allergies? _____

Is your child right or left-handed? Right Left Both

Any additional notes about your child's eating / dietary habits / restrictions:

TOILET PATTERNS

Can your child be relied upon to indicate toileting wishes? Yes No

What word is used for urination? _____ Bowel Movement? _____

Does your child need to go more frequently than is usual? Yes No

Is he / she frightened of the bathroom? _____

Does he / she have accidents? Yes No

Does your child need help with toileting? _____

REST TIME

Does your child generally have quiet time? Yes No

If applicable, what does your child generally do during his / her quiet time?

RELATIONSHIPS, FAMILY, CUSTOMS, AND SOCIAL / EMOTIONAL INFORMATION

What are your child's favorite toys and/or activities?

How does your child interact with others?

Are there things that your child does not like that may make him or her feel upset / angry?

Is there anything your child is afraid of?

Does your child enjoy listening to stories?

Does your child have a favorite song to sing at home?

Are there any other languages spoken at home other than English?

Are there any cultural or special customs or traditions that your family celebrates at home?

What are some effective ways for comforting your child?

What form of discipline do you use at home? Timeout, break, time in bed, etc.

If you could describe your child in 3 words, what would they be?

Please provide a brief description of your child's:

Physical Appearance: _____

Personality: _____

Abilities: _____

Please add any additional information:

Parent / Guardian Signature

Relationship to Child

Date