

Family Background Information

CHILD'S NAME _____ DATE OF BIRTH _____

*PLEASE PROVIDE THE INFORMATION THAT IS RELEVANT TO YOUR FAMILY
AND THAT YOU ARE COMFORTABLE SHARING WITH US.*

HOME LIFE AND FAMILY CULTURE

WHO LIVES WITH YOUR CHILD?

ARE THERE ANY RELATIVES/FAMILY FRIENDS WHO ARE ESPECIALLY IMPORTANT IN YOUR CHILD'S LIFE?

WHAT IS YOUR FAMILY'S ETHNIC OR CULTURAL BACKGROUND(S)? HOW DO YOU IDENTIFY YOURSELF?

WHAT LANGUAGES ARE SPOKEN IN YOUR HOME?

WHAT KINDS OF THINGS OR EVENTS DOES YOUR FAMILY CELEBRATE?

IS THERE ANYTHING ELSE YOU'D LIKE US TO KNOW ABOUT YOUR FAMILY?

DOES ANYONE HELP YOU CARE FOR YOUR CHILD ON A REGULAR BASIS?

HEALTH AND DEVELOPMENTAL HISTORY

IS THERE ANYTHING FROM YOUR CHILD'S HEALTH HISTORY THAT WOULD BE HELPFUL FOR US TO KNOW?
(I.E., PRETERM BIRTH, COMPLICATIONS AT BIRTH, SERIOUS INJURY, HOSPITALIZATION, ETC.)

IS YOUR CHILD TAKING ANY MEDICATIONS ON A REGULAR BASIS? PLEASE SPECIFY.

DO YOU HAVE ANY DEVELOPMENTAL CONCERNS ABOUT YOUR CHILD?

DOES YOUR CHILD STILL TAKE A NAP?

IS S/HE TOILET TRAINED? WORKING ON IT?



EMOTIONAL/SOCIAL DEVELOPMENT

WHAT PREVIOUS GROUP EXPERIENCES HAS YOUR CHILD HAD?

WHAT WERE HIS/HER REACTIONS TO THOSE EXPERIENCES?

WHAT ACTIVITIES DOES S/HE ENJOY?

INDOORS _____

OUTDOORS _____

PRE COVID SHUTDOWN, DID S/HE HAVE PLAYDATES OR REGULAR PLAYTIMES WITH OTHERS (BESIDES SIBLINGS)?

_____ AGES OF PLAYMATES _____

DO YOU EXPECT S/HE TO HAVE ANY TROUBLE SEPARATING FROM YOU?

ARE THERE ANY SPECIAL BEHAVIOR ISSUES WE SHOULD KNOW ABOUT?

ARE YOU AWARE OF ANY FEARS OR ANXIETIES YOUR CHILD HAS?

WHEN UPSET, HOW IS YOUR CHILD BEST COMFORTED?

HOW DOES YOUR CHILD COMFORT HIM/HERSELF WHEN UPSET?

PLEASE CIRCLE THE WORDS THAT BEST DESCRIBE YOUR CHILD:

STRONG-WILLED	CAPABLE	RELUCTANT	EXCITABLE	CONFIDENT	
INSECURE	CAUTIOUS	RESPONSIBLE	SELF-RELIANT	ASSERTIVE	CALM
FUNNY	TALKATIVE	CONSIDERATE	QUIET	HIGH-ENERGY	
SENSITIVE	COOPERATIVE	HAPPY	ANXIOUS	RESERVED	
DETERMINED	INDEPENDENT	OTHER:			

ANYTHING ELSE TO TELL US?