

# 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

DOES S/HE HAVE PLAYDATES OR REGULAR PLAYTIMES WITH OTHERS (BESIDES SIBLINGS)?

AGES OF PLAYMATES

HOW DOES YOUR CHILD GET ALONG WITH OTHER CHILDREN?

DOES S/HE HAVE TROUBLE SEPARATING FROM YOU OR THE CAREGIVER?

DOES S/HE HAVE A SPECIAL TRANSITIONAL OBJECT (PACIFIER, LOVEY, BLANKET, THUMB)?

IS YOUR CHILD BREASTFEEDING?

DRINKING FROM A BOTTLE?

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   |
| FUNNY         | TALKATIVE   | CONSIDERATE | QUIET        | HIGH-ENERGY |
| SENSITIVE     | COOPERATIVE | HAPPY       | ANXIOUS      | RESERVED    |
| DETERMINED    | INDEPENDENT | OTHER:      |              |             |

PLEASE CIRCLE THE SELF-HELP SKILLS YOUR CHILD CAN (OR ATTEMPTS TO) DO INDEPENDENTLY:

- |                            |                      |                |                     |              |
|----------------------------|----------------------|----------------|---------------------|--------------|
| WASHING HANDS              | DRESSING: CLOTHING   | SHOES          | SOCKS               | COAT         |
| FEEDING SELF: FINGER FOODS | SPOON                | FORK           | DRINKING: SIPPY CUP | NO SIPPY CUP |
| CLIMB STAIRS UNASSISTED    | RIDE: 3-WHEELED BIKE | 2-WHEELED BIKE |                     |              |

OTHER: