

FAMILY INFORMATION

Child's Name _____ Birthdate _____

Parent/Guardian Name(s) _____

Age at birth of child: Mother _____ Father _____

Education: Mother _____ Father _____

Occupation: Mother _____ Father _____

Place of Employment: Mother _____ Father _____

Primary Language _____

Members of Household: _____

Have you ever participated in Parents as Teachers? _____

If yes, who was the Parent Educator? _____

Do we have your permission to contact the Parent Educator? _____

List ways in which your family is special (foster or step parent; special needs family member; extended illness; extensive travel; etc.)

Has your child ever been hospitalized? Yes ___ No ___ If yes, please explain.

Is your child currently taking medication? ___ Prescription _____

___ Non-prescription _____

Has your child ever or does your child currently wear glasses or have vision concerns?

Has your child ever or does your child currently wear a hearing aid or have hearing concerns?

Has your child ever had the following:

	Recommended	Previous (list dates)	Current (list start date)
Occupational therapy	_____	_____	_____
Speech/language therapy	_____	_____	_____
Physical therapy	_____	_____	_____
Psychological evaluation	_____	_____	_____
Behavioral screening	_____	_____	_____
Allergy testing	_____	_____	_____
Other (please explain):			

Has your child ever had an IEP or an ISFP?

Has your child ever attended another school/program? Yes ___ No ___

May we contact that school/program? Yes ___ No ___

Name of school/program _____

Address _____

Phone: _____

Reason for leaving:

Is there any additional information you feel the school should have in order to better understand your child and family?

Parent/Guardian Signature _____

