

**Confidential Information Sheet for Teachers**

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Age on Sept. 1 \_\_\_\_\_

Email address: \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Work phone \_\_\_\_\_

Brothers' names & birthdates \_\_\_\_\_

Sisters' names & birthdates \_\_\_\_\_

Others in home (state relationship to child) \_\_\_\_\_

Church affiliation - Father \_\_\_\_\_ Mother \_\_\_\_\_

Does your child prefer playing alone? \_\_\_\_\_ with others? \_\_\_\_\_

List names of favorite playmates. \_\_\_\_\_

Does your child have imaginary playmates? \_\_\_\_\_

How does your child get along with other children in the family? \_\_\_\_\_

With other children? \_\_\_\_\_

Favorite toys? \_\_\_\_\_

Favorite activities? \_\_\_\_\_

Name and type of pets? \_\_\_\_\_

Favorite television shows? \_\_\_\_\_

Amount of time spent daily watching television? \_\_\_\_\_

Has your child attended any children's groups such as Day Care? \_\_\_\_ Sunday school? \_\_\_\_

Church Nursery? \_\_\_\_ Other preschool? \_\_\_\_ Classes/lessons? \_\_\_\_\_

Describe any difficulties with play situations your child may have \_\_\_\_\_

\_\_\_\_\_

Has your child been separated from the parents/guardians for any length of time? \_\_\_\_\_

Did the child experience problems during this time? \_\_\_\_\_

\_\_\_\_\_

What frightens your child? \_\_\_\_\_

Has your child had severely upsetting experiences such as divorce or separation of parents, death in family, frequent or recent move, etc.? \_\_\_\_\_

How did your child react? \_\_\_\_\_

Circle what methods of control, discipline, teaching you find most effective.

ignoring	isolating	spanking	demonstrating	other	_____
bribing	praising	coaxing	preparing child in advance		_____
rewarding	threatening	diverting	speaking in a firm voice		_____
reasoning	scolding	suggesting	depriving of pleasure		

The following is a list of behaviors common in most young children. If your child's behavior is excessive in any of these areas and you wish help, please circle.

biting	running away	timidity	temper-tantrums	refusal to talk
hitting	domineering	teasing	nervousness/anxiety	demands attention
cruelty	sensitiveness	destructiveness	submissiveness	lack of self-confidence

What situations/events make your child angry most often? \_\_\_\_\_

How does your child express anger? \_\_\_\_\_

Are there any concerns with your child's physical growth and development? \_\_\_\_\_

Describe any speech, hearing or vision problem. \_\_\_\_\_

List any food restrictions and why (allergic, religious, etc.) \_\_\_\_\_

List any other medical facts (allergies, asthma, diabetes, heart disease, convulsions, etc.) \_\_\_\_\_

List contagious diseases your child has had. \_\_\_\_\_

Any serious accidents or operations? \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_

What do you enjoy most about your child? \_\_\_\_\_

Is there any other significant information you would like to add which would further contribute to a better understanding of your child and his/her needs? \_\_\_\_\_

\_\_\_\_\_