



Confidential Information Sheet for Teachers

Child's name _____ Nickname _____ Sex _____

Address _____ City _____ Zip _____

Birthday _____ Age on July 1 _____

Primary Phone _____ Secondary Phone _____

Primary Email _____

Father's name _____ Occupation _____

Business address _____

Mother's name _____ Occupation _____

Business address _____

Brothers' names & birthdates _____

Sisters' names & birthdates _____

Others in home (state relationship to child) _____

Church affiliation - Father _____ Mother _____

Does your child prefer playing alone or 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? _____

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 mark with X.

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? _____
