



STUDENT DATA FORM

Child's Name: _____ DOB: _____

Parent's Name: _____ Occupation: _____

Parent's Name: _____ Occupation: _____

Married _____ Single _____ Separated _____ Divorced _____

With whom does the child live?

Siblings? Names and Ages:

Developmental information about your child

Where there any special circumstances surrounding your child's birth set of premature birth, early trauma, early on this, adoption, etc.? If yes, describe fully.

Indicate the child's age when they first of the following

Walked _____ Toilet trained _____ Form the words _____

Does your child go to the bathroom alone? Yes _____ No _____ Sometimes _____

Does your child take a nap? Yes _____ No _____ Sometimes _____

Length of nap?

Does your child have any allergies or sensitivities? Yes _____ No _____

If yes describe fully.

Is your child taking any medications? If so please list.

Does your child have any special challenges such as speech, vision, eating, hearing, and or health concerns?

Does your child have any emotional or behavioral concerns, or fears? If yes describe fully.

Does your child have any other children to play with in the neighborhood? Yes _____ No _____

If yes, what are the ages of the children and how does your child relate to them?

Do you have a regular bedtime routine? Yes _____ No _____

Explain:

Does your child sleep through the night, or have any difficulty going to sleep? Yes _____ No _____

Explain:

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Has there been any significant change in your child's life in the past six months? Yes _____ No _____

Explain:

Have you noticed any significant behavior changes in your child in the past six months? Yes _____ No _____

Explain:

Has your child attended any type of school or enrichment program before?

If yes, list the schools/programs in order of attendance and length of time at each school.

What was your child's reaction to their school situations?

Method of discipline use at home by parents and caregivers:

Length of time child has lived in the Philadelphia area _____ Other areas _____

Do extended family (grandparents, aunts, uncles, etc.) live in the area?

Approximate number of hours of screen time a day?

Does your child dress him or herself?

Does your child help clean his or her room?

Does your child have any other specific responsibilities or duties at home? Yes _____ No _____

Explain:

Describe play activities your child enjoys:

Name the personality traits you feel best describe your child:

What are you most interested in seeing the school developing your child:

Are you available to volunteer services (field trip supervision, helping at special event, etc.)? Yes _____ No _____

Parent Signature

Date

Thank you for taking time to fill out this form. I will help better acquaint us with your child.