

CONFIDENTIAL INFORMATION SHEET

PLEASE PRINT

CHILD'S NAME: \_\_\_\_\_  
Last First Middle

EMOTIONAL

Please relate any experience which may have caused unusual stress for your child during the past year (i.e., death in family, divorce, new baby, moving, etc.)

\_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_ If yes, please list.

\_\_\_\_\_

How do you handle these fears? \_\_\_\_\_

Temper: Frequent Outburst? \_\_\_\_\_ Causes: \_\_\_\_\_

How handled? \_\_\_\_\_

SOCIAL

Names and ages of siblings: \_\_\_\_\_

Names and ages of neighborhood friends: \_\_\_\_\_

Child's relationship with group: \_\_\_\_\_

Does he/she get along with others? \_\_\_\_\_

Does he/she play **with** / **beside** (circle one) a group?

Names of pets: \_\_\_\_\_

SPIRITUAL

Does your child attend church regularly? \_\_\_\_\_

Does your child pray at home? \_\_\_\_\_

Does your child recognize the name of Jesus? \_\_\_\_\_ Holy Mary? \_\_\_\_\_

Do you encourage your child to make the Sign of the Cross when praying? \_\_\_\_\_

(cont'd)

CONFIDENTIAL INFORMATION SHEET (CONT'D)

INTELLECTUAL INTERESTS

What are some of his/her favorite books? \_\_\_\_\_

Is TV viewing monitored at home? \_\_\_\_\_

What are his/her favorite/most frequently watched TV programs? \_\_\_\_\_

YOU AND YOUR CHILD

What is the primary language spoken at home? \_\_\_\_\_

How well does your child speak and understand English:?

Speak	Understand
___ very well	___ very well
___ fair	___ fair
___ not much	___ not much

What do you enjoy most about your child?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Where do you experience your greatest difficulty with him/her?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

What method of discipline is used when necessary?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Please list any other significant information which would further contribute to a better understanding of his/her needs. \_\_\_\_\_

PHYSICAL

Is your child indicating a preference to write with one hand more than the other? \_\_\_\_\_

Which hand(s)? **right** / left / both (circle one)

Does this preference vary? \_\_\_\_\_

Does he/she use his/her other hand for other activities? \_\_\_\_\_  
(Writes with right hand, cuts or paints with left hand, etc.)

ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_