

If the parents are divorced, does the child see the non-custodial parent regularly? _____
Describe.

Name all the people living within the home. Include the relationship and ages of the siblings.

How long has the child lived in this area? _____

Pets? _____

Does your child have any particular friend(s)? _____

Names: _____

Does your child watch television? _____

What type(s) of programs? _____

How many hours/day of TV, movies, computer & video games? _____

Outside of school/child care, does your child play actively with peers? _____

Approximately how many hours per week? _____

Does your child choose his/her own clothes to wear? _____ Dress self? _____ Toilet self? _____

EDUCATIONAL HISTORY

Is this your child's first school experience? _____

List other programs and attendance dates: _____

Name the personality traits you feel best describes your child.

What techniques best motivate your child?

What is the most effective discipline procedure used at home?

Are there any reasonable and appropriate accommodations in a group setting requested for your child? _____ If yes, indicate adaptations on MSDE/OCC "All About My Child" Form.

Do you have any specific concerns regarding your child? _____ Describe:

Additional Comments:

Parent/Guardian Signature: _____ Date: _____