



## Sleep

What is your child's average bedtime? \_\_\_\_\_ Waking time? \_\_\_\_\_

How soon does your child fall asleep?

Do they share a room or bed with anyone?

Does your child nap? If so, when?

What is your child's mood upon waking?

Are there any issues regarding sleeping you'd like us to be aware of?

## Elimination

Is your child potty trained? If so, at what age did this occur?

Are there any current problems associated with elimination?

If any particular words or routines are used, please tell us about them:

## Health

Has your child had any significant illnesses?

Illness	Date	Remarks

Has your child had any difficulties with hearing or vision?

## Play

What are your child's favorite indoor activities?

What are your child's favorite outdoor activities?

## Emotions

Does your child have any nervous habits? If so, please describe.

Does your child have any recurrent fears?

What most often makes your child angry?

Which, if any, childhood behaviors concern you at present?

In what situations is your child the most confident?

What are your child's most positive characteristics?

What is most frustrating about your child's behavior?

What goals do you have for your child this year?

**Parent/Guardian 1:**

**Parent/Guardian 2:**

How would you like us to communicate with you?

Email     In Person     Phone     Other \_\_\_\_\_

## Culture

Tell us about your family history and cultural heritage:

Tell us about family traditions (holidays, food, hobbies):

What languages are used in the child's environment?:

Would you be interested in sharing family or cultural traditions in the classroom?