

Eanes ISD Child Development Center

Child and Family Background Form

		Child's Name:		
		Date of Birth: _		
Were there any problem	ns identified at t	pirth requiring ne	eonatal care? (inclu	de length of hospitalization):
Were there any medical	al concerns app	earing later? If	so, how were they	addressed?
Is the child adopted? I	f so, at what age	e and do they ki	now?	
Please assess your ch Above Expectations):	ild in the followi	ng areas (Identif	ed delay, Suspected	d delay, Typically developing,
Physical:				
Emotional:				
Cognitive:				
Social:				
If delays have been ide	entified, what wa	as the diagnosis	5?	
Is the child receiving the	nerapeutic supp	ort in any areas	?	
Family Information Parental Status				
Married Partne	red Separa	ated Divorce	Deceased	Other, please explain
Other members of house	ehold (children. re	elatives, other):		
Name	Age		tionship to child	

Has anyone other than the children's parents played a significant part in their upbringing?

Sleep						
What is your child's average bedtime? Waking time?						
How soon does your child fall asle	eep?					
Do they share a room or bed with	anyone?					
Does your child nap? If so, when?	?					
What is your child's mood upon w	aking?					
Are there any issues regarding slo	eeping you'd like (us to be aware o	of?			
Elimination						
Is your child potty trained? If so, a	at what age did thi	s occur?				
Are there any current problems as	ssociated with elir	nination?				
If any particular words or routines	are used, please	tell us about the	em:			
Health						
Has your child had any significant	tillnesses?					
Illness	Date	Rema	rks			
Has your child had any difficulties	with hearing or v	ision?				
Play						
What are your child's favorite indo	oor 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?