

GETTING TO KNOW YOU

Welcome!

You and your child are important to me. It will help us to get better acquainted if you will take a few moments to complete this form. You may not have answers for every space. Just include the parts that apply to your child (feel free to use the back if necessary). The information is confidential, so if you have specific concerns, you may make a note on this form or speak to me privately.

Child's Name: _____

Nickname(s): _____

Birth Date: _____

Full term or premature: _____

Who does your child live with? _____

Names and ages of sisters, brothers, or other children at home: _____

Names and types of pets: _____

Favorite activity: _____

Three favorite foods: _____

Food dislikes: _____

Food allergies: _____

How many hours a day does he/she spend watching TV or playing on a computer/ipad? _____

How do you discipline your child? _____

What is usually the biggest discipline issue? _____

Does your child have his/her own room or does he/she share? _____

Bedtime – What time and what things do you and your child do to prepare him/her for bed? _____

What are the three most important things to you as the parent, you feel might be useful to know? _____

Additional Information: _____
