

SOCIAL AND PHYSICAL GROWTH

Is your child:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> right-handed | <input type="checkbox"/> excitable |
| <input type="checkbox"/> left-handed | <input type="checkbox"/> restless |
| <input type="checkbox"/> works well with hands/fine motor | <input type="checkbox"/> shy |
| <input type="checkbox"/> well-coordinated | <input type="checkbox"/> domineering |
| <input type="checkbox"/> happy | <input type="checkbox"/> impulsive |

Does your child:

- | | |
|--|---|
| <input type="checkbox"/> have falling spells | <input type="checkbox"/> have unusual fears |
| <input type="checkbox"/> have daredevil behavior | <input type="checkbox"/> talks well |

List methods of discipline used with your child at home:

In what ways do you expect our program to help your child?

Does your child have any problems that concern you at this time?

What is your child's attitude toward himself/herself?

What do you feel his/her special abilities are?

EXPERIENCES WITH OTHERS

What are some of the ways your child plays at home?

Favorite Toys:

Special Interests:

Favorite T.V. Programs:

Does he/she play well with other children?

How does your child react when he/she does not get his way?

Is he/she enrolled in a special group (dancing, art, sports, etc.)?

RELIGIOUS AFFILIATION

Church you attend or denominational preference:

Additional Comments:

Parent or Guardian Signature:

Date:
