

# COUNTRY OAKS SCHOOL

## FAMILY & SOCIAL HISTORY

|                              |  |             |  |
|------------------------------|--|-------------|--|
| CHILD'S NAME                 |  | SEX         |  |
| ADDRESS                      |  | AGE (years) |  |
| CITY                         |  | ZIP CODE    |  |
| HOME PHONE                   |  | WORK PHONE: |  |
| WHAT DO YOU CALL YOUR CHILD? |  | CELL PHONE  |  |

The following questions are asked to benefit us in gaining a better insight and understanding of your child.

|               |  |     |  |            |  |
|---------------|--|-----|--|------------|--|
| FATHER'S NAME |  | AGE |  | OCCUPATION |  |
| MOTHER'S NAME |  | AGE |  | OCCUPATION |  |

List other children in the family in order of birth: (use back of form to list more siblings or additional information from the questions below)

| # | Name | Age | Sex | Name of School | Grade Level |
|---|------|-----|-----|----------------|-------------|
| 1 |      |     |     |                |             |
| 2 |      |     |     |                |             |
| 3 |      |     |     |                |             |
| 4 |      |     |     |                |             |

| Question   | Response  |
|--|---|
| Is the child your:   | Natural child <input type="checkbox"/> adopted child <input type="checkbox"/> foster child <input type="checkbox"/> legal ward <input type="checkbox"/> |
| Birth History:   | Full term <input type="checkbox"/> Premature <input type="checkbox"/> if so, how many weeks at birth?   |
| List any special problems the child had at birth or health problems to be aware of:                      |   |
| Are there persons living in the home other than parents & children?                                      | If yes, who?  |
| Is there any language other than English spoken in the home?   | If yes, what language?  |
| List any significant events which may have had an impact on your child's social or emotional history:    |   |
| Religious affiliation of family, if any:   |   |
| Does the child have his/her own room?  | If no, with whom does he/she share the room?  |
| Child's favorite outdoor activity  |   |
| Has your child attended a toddler program or preschool?  | If yes, specify which program:  |
| How well does your child play ...  | Alone?  |
|  | with younger children?  |
|  | with children his/her own age?  |
|  | with older children?  |
| What time does the child go to bed?  |   |
| How many hours does he/she sleep?  |   |
| Does he/she have any problems in connection with sleeping?   |   |
| Does he/she have any problems in connection with eating?   |   |
| Does he/she have any allergies?  |   |
| Is there a special toy, blanket or security item?  |   |
| Does he/she have any special problems with his/her emotions, such as fears, jealousy or temper tantrums? |   |
| Do you have any problems/concerns with your child that you would like help on?                           |   |
| What words would you use to describe your child?   |   |

ADDITIONAL COMMENTS:

|                     |  |                      |  |
|---------------------|--|----------------------|--|
| Date form completed |  | Information given by |  |
|---------------------|--|----------------------|--|