

Child's Name: _____

What does your child like?

What does your child dislike?

Special things you say or do to comfort your child are?

How do you know when your child is:

Happy? _____

Sad? _____

Mad? _____

Tired? _____

Other? _____

How does your child react when:

Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? Yes No

If yes, please explain

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? Yes No

If yes, please explain