



KIMBERLY HEIGHTS SCHOOL

CHILD'S INFORMATION (Please Enter Responses)

1. IDENTIFYING INFORMATION

Child's Name:

Birthdate:

Gender:

Address:

Home Phone:

Cell Phone:

Child's Legal Guardian:

2. FAMILY DATA

Mother's Last Name:

First Name:

Age:

Occupation:

Level of Education (years completed):

Father's Last Name:

First Name:

Age:

Occupation:

Level of Education (years completed):

Parents are: married

single

divorced

separated

widowed

Child's Brothers/Sisters:

Living in the Home:

Name

Gender

Age

YES

NO

Others living in the home:

Name

Gender

Age

Relationship to child:

3. CULTURAL BACKGROUND

Language(s) spoken in the home:

Language child first learned?

Language child uses most often:

Language parents speak to child:

4. MEDICAL HISTORY

Child's Birth Weight:

Significant birth information:

Child's allergies, significant illnesses, injuries, accidents, etc:

Child's specialized medical evaluations (i.e. neurological, audiological, etc.) & dates:

5. DEVELOPMENTAL HISTORY

Age child sat independently:
single words:

walked independently:
2-3 word combinations:

was toilet trained:
5-6 word sentences:

Please check & explain/describe areas of concern:

- Behavior** - tantrums; is not able to accept limits; resists rules or refuses to comply with requests
- Socialization** - does not play well with other children; does not separate easily from parent
- Speech/Language:** speech is unclear; difficulty understanding what is said &/or expressing himself
- Self-help** -toileting difficulties; feeding or dressing problems
- Attention** - distracted easily; short attention span; darts from one task to another
- Learning** - does not appear to be learning at an average rate
- Motor** - clumsy; has difficulty using crayons, scissors, etc.; poor control of body movement
- Hearing** - has trouble hearing; asks you to repeat or talk louder; startles sudden noise
- Vision** - eyes turn in; eyes turn out; squints, sits close to TV

Explanation(s)/description(s) of checked areas:

Pre-school or other educational experiences:

Program

Dates of attendance

Age of child's playmates (Note any relationships):

Pertinent life experiences (i.e., divorce, deaths, moves, financial hardship, etc that may have affected child's development:

Any other information you would like to share with us about your child:

Parent/Guardian Electronic Signature	Date