

## Child History Form

***The purpose of this form is to understand child's needs and create an effective educational plan.***

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Biological parents' relationship:

\_\_\_\_\_ Living together \_\_\_\_\_ Living separately \_\_\_\_\_ Other

### **Eating**

What food child should not eat? \_\_\_\_\_

### **Sleeping**

What time does child go to bed at night? \_\_\_\_\_

What time does child arise in morning? \_\_\_\_\_

Any sleeping problems? \_\_\_\_\_

### **Elimination**

Words she/he uses when needing to go to bathroom \_\_\_\_\_

\_\_\_\_\_

### **Disease and physical difficulties**

Severe Injuries	Date	Surgery Performed (Y/N)
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_____	_____	_____
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_____	_____	_____
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Has child ever had any difficulty with hearing, seeing or other bodily functions?

\_\_\_\_\_

Describe any special help which was given to correct it \_\_\_\_\_

\_\_\_\_\_

Languages spoken at home? \_\_\_\_\_

Have you noticed any speech problem? \_\_\_\_\_

Does child have frequent cold? \_\_\_\_\_

## Family and child interaction

Has anyone other than parents, had a substantial role in the rearing of the child?

Person

Dates

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## Siblings

Name

Age

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Child's favorite toys and activities

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His/her favorite books

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His/her favorite programs

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How much he/she get along with other children?

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Describe any recurring fears child exhibits.

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What is done to deal with these fears?

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