



Nearest care of other children living in the home

Parent One Information

Full Name:

Relationship to child:

Home Phone:

Work Phone:

Cell Phone:

Mailing Address:

Zip:

Residence Address:

Zip:

Lives with Child? Yes No

Parent Two Information

Full Name:

Relationship to child:

Home Phone:

Work Phone:

Cell Phone:

Zip:

Zip:

Email Address:

Lives with Child? Yes No

What language is spoken to your child most often?

By whom?

What other languages are spoken in the home?

By whom?

Race/Ethnicity of child

- White Black Hispanic Asian American Indian Alaska Native Native Hawaiian Other

Self Help: Eating, dressing, toileting skills

Please check the boxes if your child can do this **most of the time**.

Takes off simple clothing Uses a regular cup independently Puts on simple clothing Is working on toilet training Is toilet trained

Takes off simple clothing

Uses a regular cup independently

Puts on simple clothing

Is working on toilet training

Is toilet trained

What should we know about your child's self help skills?

Social, Emotional and Behavioral

Please check the boxes if your child can do this **most of the time**.

Shares

Takes turns

Follows simple directions

Plays pretend or make-believe

Can calm or sooth self when upset

Plays alongside other children

Plays with other children

Gets up needs when upset or frustrated