

Child's name: _____

Child's Social Background Information

1. Please list members of your child's household:

Name	Age	Gender	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What language, other than English, is spoken in your home? _____

3. Was there anything unusual about your child's early development?

4. Does your child have any pets? (Are there any family pets?)

5. Has s/he attended a play group or nursery school? _____

Name of School _____ Location _____

6. How did s/he adjust to that situation? _____

7. How does s/he spend his/her free time? Does s/he have any special play patterns or favorite kinds of play? _____

8. Are there specific situations in which s/he tends to become tense, afraid or angry?

9. In general, how do you limit or discipline your child? _____

10. Is there anything in particular you would like us to work on together this year?
