

Spencer-VanEtten Elementary School

Please give complete information. Teachers need this for background.

1. Name he/she prefers to be called? _____.
2. What was unusual about his/her babyhood, both favorable or unfavorable? Example: premature birth, changes in home life?

3. How well does he/she care for his/her own needs, such as dressing and toilet?
_____.
4. What kind of discipline does he/she respond to best?
_____.
5. How does he/she play with other children? _____.
6. What are some of his/her favorite activities, interest and play materials?

_____.
7. What does he/she enjoy with his/her parents?

_____.
8. What chores or responsibilities does he/she have?

_____.

(over)

9. What is unusual about his/her eating and sleeping habits: Example: small appetite, allergies, nightmares?

10. Does he/she have any special problems that need special attention, such as destructive tendencies, dislikes, fears caused by accidents, illness, death etc?

11. Has he/she attended a nursery school/ preschool? _____.

12. Are there other people who live in the home besides the immediate family? _____.

13. Do all family members live at home? _____.

14. Are their custody papers for this child? _____ If yes, please provide a copy for the main office.

Date: _____ Signature: _____