

How did you come to know about Immanuel? Friends/relatives _____
Outdoor sign _____ Brochure _____ Other(specify) _____

CHILD DEVELOPMENT AND FAMILY INFORMATION

1. Pregnancy: Full term _____ Normal _____ Complications _____ (Please give details) _____

2. As a baby; was he/she curious? _____ Busy _____ Fussy _____ Quiet _____
Passive _____ Alert _____

3. At what approximate age did your child: Creep _____ Sit Alone _____
Talk: Words _____ Sentences _____

4. Has your child ever been tested for a learning disability? Yes _____ No _____
If so, where? _____

Has your child ever been tested for Attention Deficit Hyper Activity Disorder?
Yes _____ No _____ Explain: _____

Vision: Wears glasses: Yes _____ No _____ Hearing Aid: Yes _____ No _____
Speech defects? Yes _____ No _____ Regular Medication: Yes _____ No _____

Name of Medication: _____

Food Allergies: Yes _____ No _____

Explain: _____

Seizures: Yes _____ No _____

Explain: _____

Give a brief history of serious accidents, illness, broken bones, operations or special examinations, if health problems require restricted activity or special attention:

5. Are there any physical defects which would limit your child's participation in school or school related activities? Yes _____ No _____ If yes, please explain _____

6. How long does he/she sleep at night? _____

7. Have there been any concerns regarding sleep? (Explain i.e. duration, night terrors)

8. Does your child have problems waking up? _____

9. Does your child have a good appetite? _____

10. Does he/she often seem listless and tired? _____

11. Are there any nervous habits? _____ If yes, please explain _____

12. Which hand does your child show a preference for? _____
13. Does he/she have any fears? _____ If yes, please explain _____

14. Should your child wear glasses? _____ When? _____
15. How is his/her general cooperation with members of the family? _____

16. How well does he/she get along with other children that are younger than himself/herself? _____ same age? _____ older? _____
17. Does he/she play well by himself/herself? _____
18. How many playmates does your child have? _____ what age? _____
19. Is there another person who cares for him/her part of the time? _____
Who? _____ How is their relationship? _____
20. What is of special interest to your child? _____

21. The following items will help us better understand your child and be alert to his/her needs. Please check those which describe your child:

- ___ Worries ___ Self confident ___ Enthusiastic ___ Self-conscious
- ___ Bold ___ Shy ___ Easily discouraged ___ Generous
- ___ Easy going ___ Insecure ___ Selfish ___ Indifferent
- ___ Daydreams ___ Temper outbursts ___ Quiet ___ Short attention
- ___ Easily frustrated ___ Moody ___ Very active ___ Carefree

___ Other _____ Please give details concerning any of the above characteristics: _____

22. Has there been any recent experiences which may have affected your child? (i.e. a recent move to a new home, serious illness, adoption, new jobs, death, divorce, separation) _____

Name of person responding _____

Relationship _____

Signature of parent/guardian _____ Date _____