



Child Assessment Form

Child's Name: _____ Date of Birth: _____ Gender: ____ Class: _____

Child's Preferred Name: _____

Sibling 1 Name: _____ Sibling 1 age: ____ Sibling 1 School: _____

Sibling 2 Name: _____ Sibling 2 age: ____ Sibling 2 School: _____

Health:

Does your child have any allergies?: yes no

If yes, please explain and see the director for an Allergy Information Form: _____

If yes, how should we respond if your child has an allergic reaction? _____

Does your child have any special dietary restrictions?: _____

Does your child have an existing illness?: yes no Has your child had a serious illness, injury or hospitalization during the past 12 months? yes no If yes to either, please explain:

Does your child have any special needs? yes no If yes, please explain: _____

Is your child taking any medication on a continuous basis?: yes no If yes, how is the medication administered and will you need to come and administer while he/she is at school? _____

Are there any side effects we should know about? yes no If yes, please explain: _____

Likes/Dislikes:

What are your child's favorite activities? _____

Favorite book? _____

Favorite toy? _____

What are your child's favorite foods? _____

Is your child eating table food? (for children under 18 months) _____ If no, please provide your child's teacher with a feeding update every month until he or she is eating table food.

Behavior:

Does your child have any special fears?: ___yes ___no If yes, please explain: _____

Is your child potty trained? ___yes ___no What information can you share with us in regards to potty training that would be helpful in the classroom setting? _____

Does your child display difficulty adjusting to situations away from home? _____

Are there any special words that your child uses that might not be readily recognized? _____

How does your child express anger or frustration? _____

When your child gets upset, what helps him/her calm down? _____

Do you have any routines that are particularly helpful at naptime? _____

Family History:

What other adults regularly spend time with your child? _____

Tell us about your family and the important people in your child's life: (i.e. child's parents, siblings, grandparents, other extended family, and other adults who live in the home with your child): _____

Do you have any pets at home?: ___yes ___no If yes, list type and name: _____

Are there any special family circumstances that we should know about? _____

Is there any additional information you would like to share that might be helpful for your child's teacher?

This form is confidential. The information contained on this form will only be shared with the Administration of the Ascension Day School and your child's teacher.

This form was filled out by:

Print name

Relationship to child

Signature

Date