

Getting to Know Your School-Ager...

Name: _____ D.O.B. _____

Child Lives With:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Sibling's name and ages: _____

Non-Custodial Parents:

Name: _____ Relationship to child: _____

Does the child see this person? _____ Will this person interact with your child at the Center? _____

Any restrictions/limitations (COPY of LEGAL DOCUMENTS must be turned in): _____

Meal Time

Does your child have any known allergies? **YES** **NO** Known allergies _____

I will provide food for my child everyday **YES** **NO**

I will use the food provided by Growing Generations **YES** **NO**

Information we should know about meal time at home: _____

Please list any table food your child CAN NOT have or if your child has any dietary restrictions:

Special instructions for mealtime:

Developmental History:

Emotional Behavior (please indicate all that apply):

Happy Calm Active Cheerful Stubborn Cooperative

Quiet Independent Crying

How do you comfort your child? _____

How does your child display anger? _____

What situations/things make your child angry? _____

What behavior do you find most difficult to deal with and how do you handle it?

What disciplines are most effective with your child? _____

Social & Academic Skills:

Social Behaviors (please indicate all that apply):

Outgoing Afraid of new people Shy Loud Quiet Adaptable

Meets new people easily Adjusts slowly Adjusts quickly Easy Going Aggressive

What are child's favorite toys and activities? _____

What are you child's favorite school activities/subjects? _____

How does your child spend their time after school? _____

Is your child: left-handed right-handed no preference

Is your child able to use (indicate all that apply):

scissors pencils crayons paintbrush

Please indicate which of the following your child can do:

print first name print last name recite parent(s) first names(s)

tie shoes recite street address recite name of hometown

count to: ____ recite telephone number read, at what grade level: ____

Does your child have any learning or behavior problems that require special attention? yes no

If yes, explain and indicate how this is being handled now:

What will Growing Generations staff need to do help?

What would you like us to do for your child?

Suggestions to help us be more effective with your child?

Additional Comments:

