

Home Background Form / Student Information

Child's Name _____ Date of birth _____

Siblings living with child – please list

_____	_____	_____	_____	_____	_____
Name	Age	Gender	Name	Age	Gender

_____	_____	_____	_____	_____	_____
Name	Age	Gender	Name	Age	Gender

Other siblings not living at home? _____

Other household members? _____

Name / Relationship

Name / Relationship

Child caregiver (if applicable) _____ Phone (during school hrs) _____

Name

Languages: spoken by child: (1) _____ (2) _____

spoken by adult: (1) _____ (2) _____

Father's occupation _____ Mother's occupation _____

Father's place of employment _____ Mother's place of employment _____

Child's participation in other group experiences – please circle

Preschool (previous)
 Day care
 Library storytime
 Gymnastics/active sports
 Dance
 Music
 Play group
 Other _____

Does child have neighborhood playmates or nearby family playmates? _____ Ages? _____

Average frequency of play encounters per week? _____

Food allergy/sensitivity _____

Is allergy triggered by ingestion, contact, and/or airborne exposure? _____

Possible concerns for child: hearing vision speech fine motor large motor cognitive behavioral social/emotional

Briefly describe concern

Has child received screening for any of the above? _____

Type of screening, approximate date

Has child received services for any of the above? _____

Type of services, approximate date

Major illness, injuries, surgeries, hospitalizations _____

Please describe and give approximate dates

Additional comments regarding child's needs or characteristics _____

Please add additional paper if needed for any question